Legislative Review Form



w Form Local 2084-5C CASVA CASVA

Agency: Office of Labor D. 1.			with the	willing.
Agency: Office of Labor Relations	Contact person N	<u> Iegan Pedersen</u>	Phone <u>263-2898</u>	
Ordinance Motion Prov	viso Repor	rt Other		
Civil Division Prosecuting Attorney Review				
Name Susan Slonecker	Version Final		Date 8/25/17	
Dept. Director or Designee Review			7 22	
Name Megan Pedersen	Version Final		Date 9/25/17	忍用
Performance Strategy & Budget Office	Review		<u> </u>	C III
Name Elly Slakie	Version Ana	.1	Date P	M
Technical Form/Code Reviser Review - Confirm adherence to legislative format				
Name Bruce Ritzen	Version Final		Date 8/25/17	
Executive Office Review & Transmittal Approval				
Name Shannon Braddock		. 1	Date	
ENTRANCE CRITERIA REVIEW				
			(initials) KCC CLE	DV
Fiscal note? KC Strategic Plan reference in letter? Proof read for spelling and grammar? All pertinent attachments listed/labeled? Costs identified/described in letter Regulatory Note Required and Complete Formatted/Delivered in word-searchable Potential Annexation Area (PAA) impac Advertising required? if yes, cite all pertians Any special circumstances affecting processors.	doc format? ts identified?	Y NA	Y NA C Y NA C Y NA C Y NA C Y NA C	
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Other background information not included in transmittal letter, including explanation of impact to ci county agencies, or stakeholders