

BPM
CB
AK

15 Nickerson Lease
Amendment

Legislative Review Form



King County

2019 SEP 12 PM 2:50

CLERK
KING COUNTY COUNCIL

2019-394

Agency: DES/FMD

Contact person Anthony Wright

Phone 206-477-9352

Ordinance Motion Proviso Report Other

Civil Division Prosecuting Attorney Review

Name Chris Leopold

Version Final

Date August 12, 2019

Dept. Director or Designee Review

Name Tom Koney, DES Deputy Director

Version Final CK

Date 8.30.19

Performance Strategy & Budget Office Review

Name Sid Bender

Version Final

Date 9/10/19

Technical Form/Code Reviser Review – Confirm adherence to legislative format

Name Bruce Ritzen, Council Staff

Version Final

✓ Date July 23, 2019

Executive Office Review & Transmittal Approval

Name Shannon Braddock

Version Final

Date 9/11/19

ENTRANCE CRITERIA REVIEW

EXEC OFFICE (initials) KCC CLERK

Fiscal note?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	epn	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
KC Strategic Plan reference in letter?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	epn	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	epn	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
All pertinent attachments listed/labeled?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	epn	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Costs identified/described in letter	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	epn	Y <input type="checkbox"/>	NA <input type="checkbox"/> No
Regulatory Note Required and Complete?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	epn	Y <input type="checkbox"/>	NA <input type="checkbox"/> No
Formatted/Delivered in word-searchable doc format?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	epn	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	epn	Y <input type="checkbox"/>	NA <input type="checkbox"/> No
Advertising required? if yes, cite all pertinent code/laws.	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	epn	Y <input type="checkbox"/>	NA <input type="checkbox"/> No
Any special circumstances affecting processing time?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	epn	Y <input type="checkbox"/>	NA <input type="checkbox"/> No

Other background information not included in transmittal letter, including explanation of impact to cities, county agencies, or stakeholders