

JKW

Legislative Review Form

recapping Francisco Ibarra



King County

2016-266

Agency: DES/OCROG

Contact person Rick Ybarra

Phone 206-263-9651

Ordinance Motion Proviso Report Other

Civil Division Prosecuting Attorney Review

Name John Gerberding

Version Final

Date 4/22/2016 @ 6:08pm

Dept. Director or Designee Review

Name Kelli Williams

Version Final

Date

Performance Strategy & Budget Office Review

Name N/A

Version

Date

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

Name Bruce Ritzen, Council Staff

Version Final

Date 3/30/2016 @ 3:44pm ✓

Executive Office Review & Transmittal Approval

Name Dylan Ordonez & Michelle Allison

Version Final

Date 3/30/2016 @ 10:00 am

RECEIVED
2016 MAY 17 PM 3:54
KING COUNTY CLERK
KING COUNTY COUNCIL

ENTRANCE CRITERIA REVIEW

	<u>EXEC OFFICE (initials)</u>		<u>KCC CLERK</u>	
Fiscal note?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
KC Strategic Plan reference in letter?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
All pertinent attachments listed/labeled?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Costs identified/described in letter	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/> No
Regulatory Note Required and Complete?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	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"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	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"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/> No
Any special circumstances affecting processing time?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	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