



Legislative Review Form

200hms
Gail Shimozaki

King County

2014-222

Agency: DES/OCROG Contact person Rick Ybarra Phone: 206-263-9651

Ordinance Motion Proviso Report Other

Civil Division Prosecuting Attorney Review

Name John Gerberding, PAO Version **Final** Date 5/13/14 @ 11:34 am

Dept. Director or Designee Review

Name Kelli Williams, Director, OCROG 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 5/5/14 @ 2:50pm ✓

Executive Office Review & Transmittal Approval

Name Joe Woods, Deputy Chief of Staff Version **Final** Date 5/9/2014 @ 10:00 am

RECEIVED
 2014 JUN -4 PM 3:57
 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 checked="" type="checkbox"/>	NA <input type="checkbox"/> NO
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