

Patterson/Lambert
Cov
Soywood

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before 10-6

Legislative Review Form

2013-488



King County

Agency: OES

Contact person nancy buonanno

Phone 7-3231

Ordinance Motion Proviso Report Other

spoting Adrienne Quinn as Director of OLHS

Civil Division Prosecuting Attorney Review

Name NIA Version _____ Date _____

Dept. Director or Designee Review

Name Tom Koney Version final Date _____

Performance Strategy & Budget Office Review

Name NIA Version _____ Date _____

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

Name _____ Version _____ Date _____

Executive Office Review & Transmittal Approval

Name Joe Woods Version final Date _____

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2013 NOV -6 PM 3:52
KING COUNTY CLERK
KING COUNTY COUNCIL
Not done

ENTRANCE CRITERIA REVIEW

	EXEC OFFICE (initials)		KCC CLERK			
Fiscal note?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	
KC Strategic Plan reference in letter?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	No
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	No
All pertinent attachments listed/labeled?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input checked="" 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 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 checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	?
Formatted/Delivered in word-searchable doc format?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" 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 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 checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	No
Any special circumstances affecting processing time?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <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