

HHS
Dem
cc

Appointing
Karen Brady

Legislative Review Form

2018-513



King County

Agency: EXEC Office

Contact person Rick Ybarra

Phone 206-263-9651

Ordinance Motion Proviso Report Other

Civil Division Prosecuting Attorney Review

Name John Gerberding

Version Final

Date 10/4/2018 @ 8:25am

Dept. Director or Designee Review

Name Rachel Smith

Version Final

Date 10/01/2018 @ 2:00pm

Performance Strategy & Budget Office Review

Name

Version

Date

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

Name Bruce Ritzen, Council Staff

Version Final

✓ Date 10/4/2018 @ 1:38pm

Executive Office Review & Transmittal Approval

Name Dylan Ordonez

Version Final

Date 10/01/2018 @ 2:00pm

RECEIVED
2018 OCT -9 PM 2:31
CLERK
KING COUNTY COUNCIL

ENTRANCE CRITERIA REVIEW

EXEC OFFICE (initials) KCC CLERK

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