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# Legislative Review Form

Providing ORCA  
Cards to  
Americorp members



## King County

# 2015-451

Agency: DES/HRD      Contact person: Grey Lewis      Phone: 206-477-3246

Ordinance     Motion     Proviso     Report     Other

### Civil Division Prosecuting Attorney Review

Name: Susie Slonecker      Version **Final**      Date: 7-23-15

### Dept. Director or Designee Review

Name Tom Koney, DES Deputy Director      Version **Final**      Date: 07/24/15

### Performance Strategy & Budget Office Review

Name: ~~N/A~~ **Shelley Dewes**      Version Final      Date:

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

Name: Bruce Ritzen      Version **Final**      Date: 7-22-15

### Executive Office Review & Transmittal Approval

Name **Michelle Allison**      Version **final**      Date



## ENTRANCE CRITERIA REVIEW

	<u>EXEC OFFICE (initials)</u>		<u>KCC CLERK</u>	
Fiscal note?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input 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 type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/> No
Costs identified/described in letter	Y <input checked="" 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: N/A