Legislative Review Form

Mast Sullivan Reappointment



county agencies, or stakeholders

2019-252

Agency	: EXEC	Office	Contact per	son <u>Rick Yba</u>	<u>rra</u>	Phone <u>206</u>	-263-9651	
Ordina	nce 🗌	Motion 🖂	Proviso 🗌	Report	Other _			
Civil Division Prosecuting Attorney Review								
Name	John Ger	berding	Version	Final	14	Date 6/6/2	019 @ 4:0	Dipm C
Dept. Director or Designee Review							23	O PM
Name	Rachel Sı	mith	Version	Final		Date 5/31/	2019 @ 1	2:3 0 pm
Perforn	nance Stra	ategy & Budget	Office Review					58
Name			Version	e .		Date		
Technical Form/Code Reviser Review - Confirm adherence to legislative format								
Name	Bruce Rit	tzen, Council St	aff Version	Final	/	Date 6/6/2	019 @ 2:3	39pm
Executive Office Review & Transmittal Approval								
Name	Shannon	Braddock	Version	Final		Date 5/31/	2019 @ 1	2:30pm
ENTRANCE CRITERIA REVIEW								
				EXI	EC OFFICE	E (initials)	KCC CI	LERK
Fiscal 1	note?			Y	□ NA 🔀	eph	Y∏ NA	4 🖊
		n reference in l	etter?		NA D	eph	Y NA	-
Proof read for spelling and grammar?					NA T	eph	Y NA	A 🗍
All pertinent attachments listed/labeled?					NA 🗵	eph	Y NA	4 🗸
Costs identified/described in letter					NA 🔀	ezh	Y NA	A D M
Regulatory Note Required and Complete?					□ NA 🔀		Y N	
Formatted/Delivered in word-searchable doc format?					NA 🗌	een	Y N	$\mathbf{A} \square^{\prime}$
Potential Annexation Area (PAA) impacts identified?					☐ NA 🔀	eph	Y N	
Advertising required? if yes, cite all pertinent code/laws.					□ NA 🔀	epn	Y N	A DAD
Any special circumstances affecting processing time? Y NA								A Dip
Other h	nackarour	nd information r	ot included in tra	ansmittal lette	r. including	explanation	n of impac	et to cities