

ADMINISTRATIVE REVIEW FORM**Request for Council Action**

See Reverse for Instructions

Log No. _____

I. DIRECTORS AND / OR COMMISSIONERS (Summary of Action Requested)

To authorize
a statement of Affiliation for the Division of Fire and Emergency
Services as Rescue Squad under KRS Chapter 39F.

Budgetary Implications: ☐ Yes ☒ NoAdvance Document Review: ☐ Law ☐ Risk Mgmt

If 'Yes', provide the following information. Prepare and attach a Budget Amendment if necessary.

Fully Budgeted ☐Partially Budgeted ☐Not Budgeted ☐ACCOUNT NUMBERTHIS FY IMPACTANNUAL IMPACT

_____ \$ _____

_____ \$ _____

PROJECTACTIVITYBUDGET REFERENCEPalmer Dwyer11/7/11

Director's Signature

Date

Commissioner's Signature

Date

II. RECEIVED AND LOGGED FOR CHIEF ADMINISTRATIVE OFFICER

Received By _____

Date _____

III. ADMINISTRATIVE SERVICES REVIEWReview ByInitials / DateApproveDisapproveComments

Department of Law

_____/____

Division of Budgeting

_____/____

Schedule No. _____

B-102 No. _____

Acct. No. _____

Project _____

Activity _____

Budget Reference _____

Fiscal Year _____

Annual Impact \$ _____

Current Balance \$ _____

Division of Human Resources

_____/____

Division of Community Development

_____/____

Division of Purchasing

_____/____

IV. POST REVIEW ACTION TAKEN☐ Forward to CAO☐ Hold☐ Return to Commissioner or Director**V. CAO'S REVIEW**☐ New Business Item☐ Approve☐ Disapprove☐ Hold and Reenter (Date) _____☐ Pull Permanently Return to: _____

CAO

Date

VI. COW Work Session Recommendation☐ To Remain on Docket☐ Receive as Information Only☐ Request Add'l Info from _____☐ To Council☐ Committee☐ Other: _____

Council Administrator

Date

Office of the Mayor Form 1

January 10, 2011

Use previously approved form until supply is exhausted