



**CITY OF DELRAY BEACH  
CITY ATTORNEY'S OFFICE  
200 NW 1<sup>ST</sup> Avenue, Delray Beach, FL 33444  
561-243-7090**



## **Legal Review Form: Ordinances**

**To be Completed by Requesting Department:**

**Date of Submission:**

**Submitted by:**

**Ordinance No:**

**Caption:**

**Anticipated 1<sup>st</sup> Reading Date:**

**Anticipated 2<sup>nd</sup> Reading Date:**

**Note: Business Impact Estimate Form must be included with ordinance.**

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**To be Complete by City Attorney's Office:**

**This document is approved as to form and legal sufficiency as submitted.**

**This document is not approved as to form and legal sufficiency for the following reason(s):**

**Please resubmit with the following changes:**

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\_\_\_\_\_  
**Attorney**