

(prepare in triplicate)

FISCAL NOTE

prepared in regard to:

~~HR 1018~~
(List bill or resolution and number, if available, or subject)

Amendment to: _____
(List bill or resolution and number)

Requested by: ~~Legislative Council~~ Date of receipt: ~~12/31~~ 19 ~~74~~

In the following space note the fiscal effect in dollars of the legislative proposal. If additional space is needed, attach a supplementary sheet. (Please type)

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- 1. Estimated collection loss 1975/77 - - - - - \$350,000
 - 2. Potential liability for refund to those who have paid under the responsible relative clause estimated at - - - - - \$1,500,000

Date of preparation: 12/31/1974

Signed 

Typed Name- Henry A. Lahaug

Department Hospital Administrator