

(Return in triplicate)

FISCAL NOTE

Bill/Resolution No.: 2207 Amendment to: _____

Requested by: Legislative Council Date of Receipt: 1-3-83

Please estimate the fiscal impact of the above measure for:

State general or special funds Counties Cities

In the following space note the fiscal effect in dollars of this measure:

Narrative:

Fiscal impact would be less than \$5,000.00.

State Fiscal Effect:

| <u>1983-84</u> | | <u>1984-85</u> | | <u>Biennium Total</u> | |
|----------------------|---------------------|----------------------|---------------------|-----------------------|---------------------|
| <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> |
| | | | | | |

County and City Fiscal Effect:

| <u>1983-84</u> | | <u>1984-85</u> | | <u>Biennium Total</u> | |
|-----------------|---------------|-----------------|---------------|-----------------------|---------------|
| <u>Counties</u> | <u>Cities</u> | <u>Counties</u> | <u>Cities</u> | <u>Counties</u> | <u>Cities</u> |
| | | | | | |

If additional space is needed, attach a supplemental sheet.

Signed 

Typed Name Theron L. Strinden, Registrar

Date prepared: 1-5-83

Department MOTOR VEHICLE DEPARTMENT