

(Return in triplicate)

FISCAL NOTE

Bill/Resolution No.: HB 1161 Amendment to: _____

Requested by: Legislative Council Date of Receipt: _____

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:

This bill has no fiscal impact.

State Fiscal Effect:

| <u>1989-90</u> | | <u>1990-91</u> | | <u>Biennium Total</u> | |
|---------------------|----------------------|---------------------|----------------------|-----------------------|----------------------|
| <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> |

County and City Fiscal Effect:

| <u>1989-90</u> | | <u>1990-91</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 *Reyne Buchholz*
Reyne Buchholz
Typed Name Finance Director

Date Prepared: 1-20-89

Department ND State Highway Dept.