

(Return in triplicate) FISCAL NOTE

Bill/Resolution No.: HB 1029 Amendment to: _____

Requested by Legislative Council Date of Request: 12-7-90

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:

No fiscal effect.

State Fiscal Effect:

<u>1991-92</u>		<u>1992-93</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>
-0-	-0-	-0-	-0-	-0-	-0-

County and City Fiscal Effect:

<u>1991-92</u>		<u>1992-93</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 Bernadette Berger

Typed Name Bernadette Berger

Date Prepared: _____

Department Insurance Department

Phone Number 2440