	(Return in triplicate) Revised Bill/Resolution No.: FISCAL NOTE Amendment to:
_	Requested by: Legislative Council Date of Receipt:
	Please estimate the fiscal impact of the above measure for:
	A board general of process cannot be a comment of the comment of t
	In the following space note the fiscal effect in dollars of this measure:
	Narrative:
	\sim \sim \sim
	no Tiscal impact.
	State Fiscal Effect:
	1985-86 1986-87 Biennium Total
	Special General Special General Special General
	Funds Fund Funds Fund Funds Fund
	County and City Fiscal Effect:
	1985-86 1986-87 Biennium Total
	Counties Cities Counties Cities Counties Cities
	// Atri
	If additional space is needed, Signed
	attach a supplemental sheet.

Date prepared: 1-30.85 Department Bunk of The Male.