| ( | Return  | in       | triplicate)  |
|---|---------|----------|--------------|
| ١ | RELULII | $\pm 11$ | LI IPIICALE, |

## FISCAL NOTE

| Bill/Resolution No.: Senate Bill No                                       | o. 2194 Amendme   | ent to:                    |  |  |  |
|---|---|----------------------------|--|--|--|
| Requested by: Legislative Council   |   |                            |  |  |  |
| Please estimate the fiscal impact of                                      | Please estimate the fiscal impact of the above measure for: |                            |  |  |  |
| X State general or special funds  | X State general or special funds Counties Cities            |                            |  |  |  |
| In the following space note the fiscal effect in dollars of this measure: |   |                            |  |  |  |
| Narrative:  |   |                            |  |  |  |
|   |   |                            |  |  |  |
| This bill will have no fiscal impact.                                     |   |                            |  |  |  |
|   |   |                            |  |  |  |
|   |   |                            |  |  |  |
|   |   |                            |  |  |  |
|   |   |                            |  |  |  |
|   |   |                            |  |  |  |
|   |   |                            |  |  |  |
| State Fiscal Effect:  |   |                            |  |  |  |
|   | 36-87   | Biennium Total             |  |  |  |
| SpecialGeneralSpecialFundsFundFunds                                       | General<br>Fund   | Special General Funds Fund |  |  |  |
| Tunds Tund  |   |                            |  |  |  |
|   |   |                            |  |  |  |
|   |   |                            |  |  |  |
|   |   |                            |  |  |  |
| County and City Fiscal Effect: 1985-86 198                                | 36-87   | Biennium Total             |  |  |  |
| Counties Cities Counties  | Cities  | Counties Cities            |  |  |  |
|   |   |                            |  |  |  |
|   |   |                            |  |  |  |
|   | 0.  |                            |  |  |  |
| If additional space is needed,  | Signed Poul   | Mond                       |  |  |  |
| attach a supplemental sheet.  | Typed Name Rosellen M. Sand                                 |                            |  |  |  |
| Date prepared: 1/9/85   | Department  | State Water Commission     |  |  |  |