(Return in triplicate)	FISCAL NOTE	
Bill/Resolution No.: Sen		dment to:
Requested by: Legislative Council Date of Receipt: Please estimate the fiscal impact of the above measure for:		
X State general or special funds Counties Cities		
In the following space note the fiscal effect in dollars of this measure:		
Narrative: We cannot estimate the state of t	mate a fiscal note.	
	•	
State Fiscal Effect:		
1985-86	1986-87	Biennium Total
Special General Funds Fund	Special General Funds Fund	Special General Funds Fund
County and City Fiscal E	ffect.	
1985-86	1986-87	Biennium Total
Counties Cities	Counties Cities	Counties Cities
If additional space is n		swalk,
attach a supplemental sheet.		

Typed Name ___Bud Walsh

Department OMB

Date prepared: 1/25/85

DIA