| (Return in triplicate) <u>FISCAL NOTE</u> | - |
|---|-------------------------------------|
| Bill/Resolution No.: HB 1098 Ame | ndment to: |
| Requested by: Legislative Council Date | e 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 emeasure: | ffect in dollars of this |
| Narrative: | |
| There would be no fiscal effect on the 1989- the passage of this bill. | -91 budget for the Fund with |
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| | |
| State Fiscal Effect: | |
| 1989-90 1990-91 General Special General Special | Biennium Total cial General Special |
| | nds Fund Funds |
| 0 | 0 0 |
| | |
| County and City Fiscal Effect: | |
| 1989-90 1990-91 | Biennium Total |
| <u>Counties</u> <u>Cities</u> <u>Counties</u> <u>Cit</u> | ies <u>Counties</u> <u>Cities</u> |
| | 0 - |
| |) All |
| If additional space is needed, Signed | a / Rall mon |

attach a supplemental sheet.

Typed Name Scott Engmann

Date Prepared: __January 4, 1989

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