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:  There would be no fiscal impact. The background I have received on this bill would not correct the concerned parties.
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:  There would be no fiscal impact. The background I have received on this bill
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State Fiscal Effect:
1989-901990-91Biennium TotalGeneralSpecialGeneralSpecial
Fund Funds Fund Funds Fund Funds
County and City Fiscal Effect:
1989-90 1990-91 Biennium Total
Counties Cities Counties Cities
If additional space is needed, Signed Bus walf
attach a supplemental sheet.  Typed NameBud Walsh
Date Prepared:1/19/89 DepartmentOMB