(Return in triplicate) <u>FISCAL NOTE</u>

Bill/Resolution No.: <u>SB 2079</u> Amendment to: _______

Requested by Legislative Council Date of Request: <u>12-14-90</u>

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:

NO FISCAL IMPACT

State Fiscal Effect:

1991-92		1992-93		Biennium Total	
General	Special	General	Special	General	Special
_Fund	_Funds_	_Fund	_Funds_	_Fund	Funds

County and City Fiscal Effect:

1991-92		1992-93		Biennium Total	
Counties	Cities	Counties	Cities	Counties	Cities

If additional space is needed, attach a supplemental sheet.

Date Prepared: 1/24/9/

Typed Name Gordy Smith

Department State Auditor's

Phone Number 224-4990