(Return in triplicate) FISCAL NOTE

Bill/Resolution No.: SB 2128 Amendment to:

Requested by Legislative Council Date of Request: ___12-31-90

Please estimate the fiscal impact of the above measure for:

X State general or special funds X Counties X Cities

In the following space note the fiscal effect in dollars of this measure:

Narrative:

If enacted, SB 2128 would have a fiscal impact of less than \$5,000.

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:

1991-921992-93Biennium TotalCountiesCitiesCountiesCities

If additional space is needed, attach a supplemental sheet.

Date Prepared: ________

Signed May & Howald

Typed Name Kathryn L. Strombeck

Department ___TAX__

Phone Number 224-2770