FISCAL NOTE

Return original and	d 10 copies)						
Bill/Resolution No.: SB 2127			Ame	Amendment to:			
Requested by Legislative Council			Date	Date of Request: 12-30-98			
 Please estimate funds, counties, 				of the above mea	asure for sta	ite gener	al or specia
Narrative:							
This bill will incr belt. It will also					le in a car sa	afety sea	t or seat
Fiscal impact is	nil.						
2. State fiscal effe	ct in dollar a	mounts:					
	1997-99 B General Fund	iennium Special Funds	1999-2 General Fund	001 Biennium Special Funds	Gen		ennium Special Funds
Revenues:							
Expenditures:	-0-	-0-	-0-	-0-	-0-		-0-
3. What, if any, is t	the effect of t	this measure o	n the appro	priation for your	agency or o	departme	nt:
a. For rest of 1	997-99 bienr	nium:	-				
b. For the 1999	9-2001 bienn	ium:	-				
c. For the 2001	1-03 bienniur	m:	-				
4. County, City, a	nd School [District fiscal e	ffect in dolla	ar amounts:			
1997-99 Bienr			2001 Bienn		2001-	·03 Bienn	ium
Counties Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
-0-			-0-			-0-	
If additional space is attach a supplement Date Prepared: 1-8	tal sheet.			Name Robert		dealth	
Dato i Topareu. 170			Department ND Department of Health Phone Number 328-2392				