

**GENERAL  
FACT SHEET**

04-135  
BILL NUMBER

BRIEF TITLE	APPROVAL DEADLINE	REASON
Airport Authority Lease Agreement		

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

**Reason for Legislation**

Approving a Lease Agreement between the City and the Airport Authority for storage space at Buildings No. 2690 and 2699 in Lincoln Air Park West for a term beginning September 1, 2004 through August 31, 2005.

**Discussion (Including Relationship to other Council Actions)**

This space will be used by the City's Bureau of Fire Prevention for storage space. The ~~monthly~~ rental will be \$165.00.  
*annual*

<b>Sponsor</b>	Law Department
<b>Programs, Departments, or Groups Affected</b>	
<b>Applicants/ Proponents</b>	<b>Applicant</b> City of Lincoln City Department Law Development Other
<b>Opponents</b>	<b>Groups or Individuals</b> None Known  <b>Basis of Opposition</b>
<b>Staff Recommendation</b>	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
<b>Board or Commission Recommendation</b>	<input type="checkbox"/> For <input type="checkbox"/> Against <input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
<b>CITY COUNCIL ACTIONS (FOR COUNCIL USE ONLY)</b>	<input type="checkbox"/> PASS
	<input type="checkbox"/> PASS ( AS AMENDED)
	<input type="checkbox"/> COUNCIL SUB.
	<input type="checkbox"/> WITHOUT RECOMMENDATION
	<input type="checkbox"/> HOLD
	<input type="checkbox"/> DO NOT PASS

**DETAILS**

(Use This Space For Further Discussion, If Necessary)

POLICY OR PROGRAM CHANGE	NO	X	YES
OPERATIONAL IMPACT ASSESSMENT			

**FINANCES**

COST AND REVENUE PROJECTIONS	COST of total project	\$	_____
	COST of this ordinance/resolution	\$	_____
	RELATED annual operating cost	\$	_____
INCREASED REVENUE EXPECTED / YEAR			

SOURCE OF FUNDS  From Center Park Garage Improvement Fund	CITY			
	_____	\$	_____	% _____
	_____	\$	_____	% _____
	_____	\$	_____	% _____
	_____	\$	_____	% _____
	NON CITY			
	_____	\$	_____	% _____
	_____	\$	_____	% _____

BENEFIT COST /			
<input type="checkbox"/> Front Foot		Average Assessment	
<input type="checkbox"/> Square Foot	\$	_____	\$
<input type="checkbox"/> Per \$100 valuation			

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEWED BY:

REFERENCE NUMBERS:

POLICY / PROGRAM  IMPACT