

BRIEF TITLE	APPROVAL DEADLINE	REASON

DETAILS	POSITIONS/RECOMMENDATIONS	
<p>An ordinance allowing the use of Electric Personal Assistive Mobility Devices (i.e., "Segways") on city streets and sidewalks.</p>	Sponsor	Mayor's Office
	Program Departments, or Groups Affected	City Law, Planning, Public Works, Parks, Police
	Applicants/ Proponents	Applicant: City Department: City Law, Parks, Police Other: Mayor's Environmental Committee
<p>Discussion (Including Relationship to other Council Actions) The attached ordinance will allow the use of Segways on city streets and sidewalks. It also requires Segway operators to follow the same rules of the road to which bicyclists and motorists are subject, and prohibits the operation of a Segway "in a careless manner."</p>	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY Mayor's Environmental Committee <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<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

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	OPERATIONAL IMPACT ASSESSMENT	<hr/> <hr/> <hr/> <hr/>
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$
		COST of this Ordinance/ Resolution \$
		RELATED annual operating Costs \$
		INCREASE REVENUE EXPECTED/YEAR \$
SOURCE OF FUNDS	CITY [Approximately]	
	\$	% _____
	-	% _____
	\$	% _____
	-	% _____
	NON CITY [Approximately]	
	\$	% _____
-	% _____	
\$	% _____	
-	% _____	
BENEFIT COST		Average
<input type="checkbox"/> Front Foot Assessment	\$ _____	\$ _____
<input type="checkbox"/> Square Foot	\$ _____	\$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY: Denise Pearce, Mayor's Office

REVIEW BY:

REFERENCE NUMBER