

GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 10-78

BRIEF TITLE

APPROVED DEADLINE

REASON

LMC 6.04 Ordinance Revision

DETAILS

POSITIONS/RECOMMENDATIONS

<p>LMC 6.04 - Animal Control Regulations Generally Irresponsible Animal Owner (LMC 6.04.437) This new section would allow the Health Director to declare a person an irresponsible animal owner. A person would be declared an irresponsible animal owner if there were 7 or more convictions in a 24 month period. The intention is to increase pet ownership responsibility and decrease the number of repeat incidents with the same owner. Bites Unlawful LMC 6.10.100 Proposed to be moved to LMC 6.04.355) This is a provision which would make any bite unlawful. This will allow Animal Control Officers to cite an owner for animal bites inflicted by dogs that have not already been declared dangerous or potentially dangerous. There are also several clean up provisions in LMC 6.04 that reflect changes in State statute and/or reflect</p>	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/ Proponents	Applicant City Department Other
	<p>Discussion (Including Relationship to other Council Actions) current practices in Animal Control.</p>	Opponents Groups or Individuals Basis of Opposition
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input 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

	OPERATIONAL IMPACT ASSESSMENT	_____

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		
<input type="checkbox"/> Front Foot		Average Assessment
<input type="checkbox"/> Square Foot	\$ _____	\$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D., Health Director

REVIEW BY:

REFERENCE NUMBER