

**GENERAL FACT SHEET**

BILL NUMBER 10-81

BRIEF TITLE	APPROVED DEADLINE	REASON
LMC 6.12 - Ordinance Revision		

DETAILS	POSITIONS/RECOMMENDATIONS	
<p>LMC 6.12 - Cats</p> <p>Proposed changes in this section are related to clean up provisions and eliminating any duplication. The cat license fees are increasing due to a new State fee that the City is required to collect. A total of 21,397 cat licenses were sold last year. 20,826 (97%) of these licenses are altered cats and 571 (3%) are unaltered.</p>	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	Applicant  City Department  Other
<p>Discussion (Including Relationship to other Council Actions)</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**

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