

**GENERAL FACT SHEET**

Fill-in form, tap to next field

**BILL NUMBER** 12-18

BRIEF TITLE	APPROVED DEADLINE	REASON
Revision to Lincoln Municipal Code 6.10.090		

DETAILS	POSITIONS/RECOMMENDATIONS	
<p>The proposed amendment clarifies the Health Director shall confiscate and destroy any previously declared Dangerous Dog that is in violation of 6.04.410 (Animal Fights), 6.08.170 (Dogs Injuring or Destroying Property of Others) and 6.10.100 (Dangerous Dogs-Bites Unlawful). All other violations of LMC Chapter 6 may result in the confiscation and destruction of a Dangerous or Potentially Dangerous Dog.</p>	Sponsor	Health Department
	Program Departments, or Groups Affected	
	Applicants/Proponents	<p>Applicant</p> <p>City Department Health Animal Control Division</p> <p>Other Animal Control Advisory Committee</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals None known</p> <p>Basis of Opposition</p>
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	<p>BY <i>LINCOLN-LANCASTER COUNTY BOARD OF HEALTH</i></p> <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**

	<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: Judy Halstead

REVIEW BY:

REFERENCE NUMBER