

**GENERAL
FACT SHEET**

12R-267
BILL NUMBER

BRIEF TITLE	APPROVAL DEADLINE	REASON
To adopt LES "Rate Schedules"	To provide for	implementation of rate increase on January 1, 2013.

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Reason for Legislation</p> <p>To officially adopt the "Rate Schedules", providing a system average rate increase of 2.6 percent, to be effective January 1, 2013.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Sponsor</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Programs, Departments, or Groups Affected</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Applicants/Proponents</td> <td style="padding: 5px;"> <p>Applicant</p> <p>City Department</p> <p>Other</p> </td> </tr> <tr> <td style="padding: 5px;">Opponents</td> <td style="padding: 5px;"> <p>Groups or Individuals</p> <p>Basis of Opposition</p> </td> </tr> <tr> <td style="padding: 5px;">Staff Recommendation</td> <td style="padding: 5px;"> <input type="checkbox"/> For <input type="checkbox"/> Against Reason Against </td> </tr> <tr> <td style="padding: 5px;">Board or Commission Recommendation</td> <td style="padding: 5px;"> <p>BY</p> <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) </td> </tr> <tr> <td style="padding: 5px;"> <p>CITY COUNCIL ACTIONS</p> <p>(FOR COUNCIL USE ONLY)</p> </td> <td style="padding: 5px;"> <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 </td> </tr> </table>	Sponsor		Programs, Departments, or Groups Affected		Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>	Staff Recommendation	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against	Board or Commission Recommendation	<p>BY</p> <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)	<p>CITY COUNCIL ACTIONS</p> <p>(FOR COUNCIL USE ONLY)</p>	<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
Sponsor															
Programs, Departments, or Groups Affected															
Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>														
Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>														
Staff Recommendation	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against														
Board or Commission Recommendation	<p>BY</p> <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)														
<p>CITY COUNCIL ACTIONS</p> <p>(FOR COUNCIL USE ONLY)</p>	<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														
<p>Discussion (Including Relationship to other Council Actions)</p>															

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 cost \$ _____
	INCREASED REVENUE EXPECTED / YEAR \$ _____

SOURCE OF FUNDS	CITY	_____	\$ _____	_____ %
		_____	\$ _____	_____ %
		_____	\$ _____	_____ %
		_____	\$ _____	_____ %
	NON CITY	_____	\$ _____	_____ %
		_____	\$ _____	_____ %
		_____	\$ _____	_____ %
		_____	\$ _____	_____ %
		_____	\$ _____	_____ %
		_____	\$ _____	_____ %

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

(Use This Space For Further Discussion, If Necessary)

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEWED BY:

REFERENCE NUMBERS: