

CITY OF MILWAUKEE FISCAL NOTE

A) DATE June 4, 2002

FILE NUMBER: _____

Original Fiscal Note ☒ Substitute ☐SUBJECT: Resolution declaring improved, tax-deed property surplus to municipal needs and authorizing sales in various aldermanic districts.B) SUBMITTED BY (Name/title/dept./ext.): Julie A. Penman, Commissioner

- C) CHECK ONE: ☐ ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES
☐ ADOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES; FURTHER COMMON COUNCIL ACTION NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW.
☐ NOT APPLICABLE/NO FISCAL IMPACT.

- D) CHARGE TO: ☐ DEPARTMENT ACCOUNT (DA) ☐ CONTINGENT FUND (CF)
☐ CAPITAL PROJECTS FUND (CPF) ☐ SPECIAL PURPOSE ACCOUNTS (SPA)
☐ PERM. IMPROVEMENT FUNDS (PIF) ☐ GRANT & AID ACCOUNTS (G & AA)
☐ OTHER (SPECIFY)

| E) PURPOSE | SPECIFY TYPE/USE | ACCOUNT | EXPENDITURE | REVENUE | SAVINGS |
|-------------------|---|-------------|-------------|---|---------|
| SALARIES/WAGES: | | | | | |
| | | | | | |
| | | | | | |
| SUPPLIES: | | | | | |
| | | | | | |
| MATERIALS: | | | | | |
| | | | | | |
| NEW EQUIPMENT: | | | | | |
| | | | | | |
| EQUIPMENT REPAIR: | | | | | |
| | | | | | |
| OTHER: | Offers to Purchase | 0001-334106 | | Amounts to be determined at time of Offer acceptance. | |
| | 15 percent disposition cost reimbursement to RACM | | | To be determined based on accepted Offer amounts. | |
| | | | | | |
| TOTALS | | | | | |

F) FOR EXPENDITURES AND REVENUES WHICH WILL OCCUR ON AN **ANNUAL** BASIS OVER SEVERAL YEARS CHECK THE APPROPRIATE BOX BELOW AND THEN LIST EACH ITEM AND DOLLAR AMOUNT **SEPARATELY**.

| | | |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> 1-3 YEARS | <input type="checkbox"/> 3-5 YEARS | |
| <input type="checkbox"/> 1-3 YEARS | <input type="checkbox"/> 3-5 YEARS | |
| <input type="checkbox"/> 1-3 YEARS | <input type="checkbox"/> 3-5 YEARS | |

G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:

| |
|--|
| |
|--|

| |
|--|
| H) COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE: |
| |
| |
| |

PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE ☐