## CITY OF MILWAUKEE FISCAL NOTE

| A)   | DATE   |   | 9/15/09      |                     | FILE                                 | FILE NUMBER: 090649     |                               |            |         |  |  |
|--|--|---|--------------|---------------------|--------------------------------------|-------------------------|-------------------------------|------------|---------|--|--|
|  |  |   |              |                     |                                      | Origi                   | nal Fiscal Note X             | Substitute |         |  |  |
| QI ID  | IECT:  | Substituto  | resolution a | ithorizing the retu | urn of roal actato                   | o its former owner      |                               |            |         |  |  |
| Substitute resolution authorizing the return of real estate to its former owner. |  |   |              |                     |                                      |                         |                               |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
| B)   | B) SUBMITTED BY (Name/title/dept./ext.): Linda Elmer/Staff Assistant/City Clerk/2232 |   |              |                     |                                      |                         |                               |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
| C)   | CHECK  | ONE:  |              |                     |                                      |                         |                               |            |         |  |  |
|  |  | ADOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES; FURTHER COMMON COUNCIL ACTION NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW. |              |                     |                                      |                         |                               |            | ON      |  |  |
|  | X NOT APPLICABLE/NO FISCAL IMPACT.   |   |              |                     |                                      |                         |                               |            |         |  |  |
| (Please see enclosed reports from Departments)                                   |  |   |              |                     |                                      |                         |                               |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
| D)   | <u> </u>   |   |              |                     | ENT ACCOUNT(DA) CONTINGENT FUND (CF) |                         |                               |            |         |  |  |
|  | CAPITAL PROJEC   |   |              |                     |                                      |                         |                               |            |         |  |  |
|  |  | Ĺ   |              | IMPROVEMENT F       | UNDS (PIF)                           |                         | GRANT & AID ACCOUNTS (G & AA) |            |         |  |  |
|  |  | <u></u>   | OTHER        | R (SPECIFY)         |                                      |                         |                               |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
| E)   | PURPOS   | SE  |              | SPECIFY TYPE        | /USE                                 | ACCOUNT                 | EXPENDITURE                   | REV ENUE   | SAVINGS |  |  |
| SAL  | ARIES/WA   | AGES:   |              |                     |                                      |                         |                               |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
| SUP  | PLIES:   |   |              |                     |                                      |                         |                               |            |         |  |  |
| MAT  | ERIALS:  |   |              |                     |                                      |                         |                               |            |         |  |  |
| IVIAI  | ERIALS.  |   |              |                     |                                      |                         |                               |            |         |  |  |
| NEW  | EQUIPME  | ENT:  |              |                     |                                      |                         |                               |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
| EQUIPMENT REPAIR:  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
| ОТН  | ER:  |   |              |                     |                                      |                         |                               |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
| тот  | ALS  |   |              |                     |                                      |                         |                               |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
| F)   | FOR EXP  | ENDITURES   | AND REVEN    | IUES WHICH WILL     | OCCUR ON AN                          | ANNUAL BASIS OV         | ER SEVERAL YEARS              | CHECK THE  |         |  |  |
|  | APPROPE  | RIATE BOX   | BELOW AND    | THEN LIST EACH      | HITEM AND DOLL                       | AR AMOUNT <b>SEPA</b> I | RATELY.                       |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
| 1-3 YEARS  |  |   |              | 3-5 YEA             |                                      |                         |                               |            |         |  |  |
| 1-3 YEARS  |  |   | 3-5 YEA      |                     |                                      |                         |                               |            |         |  |  |
|  | 1-3 `  | YEARS   |              | 3-5 YEA             | /K2                                  |                         |                               |            |         |  |  |
|  |  |   |              |                     |                                      |                         |                               |            |         |  |  |
| 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 |  |
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