## **CITY OF MILWAUKEE FISCAL NOTE**

| A)                                                                             | DATE                                                                                                                                                                                                                       |                          | 10/1         | 3/09                                                                                            |                                                            | FILE                                 | NUMBER:                                                                           |                      |             |  |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------|----------------------|-------------|--|
|                                                                                |                                                                                                                                                                                                                            |                          |              |                                                                                                 |                                                            | Origi                                | nal Fiscal Note X                                                                 | Substitute           |             |  |
| SUB                                                                            | JECT:                                                                                                                                                                                                                      | Resolution<br>Winfield A | to vacate a  | 150-foot<br>West Mill I                                                                         | by 50-foot public service st<br>Road, in the 2nd Aldermani | reet in the block boo<br>c District. | unded by North 76th                                                               | Street, North 77th S | treet, West |  |
| В)                                                                             | SUBMI                                                                                                                                                                                                                      | TTED BY (N               | lame/title/d | ept./ext.)                                                                                      | Rocky Marcoux, Co                                          | Rocky Marcoux, Commissioner, DCD     |                                                                                   |                      |             |  |
| C)                                                                             | 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.  X NOT APPLICABLE/NO FISCAL IMPACT. |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
| D)                                                                             | CHARC                                                                                                                                                                                                                      | GE TO: [<br>[<br>[       | CAPI PERM    | EPARTMENT ACCOUNT(DA)  APITAL PROJECTS FUND (CPF)  ERM. IMPROVEMENT FUNDS (PIF)  THER (SPECIFY) |                                                            |                                      | CONTINGENT FUND (CF) SPECIAL PURPOSE ACCOUNTS (SPA) GRANT & AID ACCOUNTS (G & AA) |                      |             |  |
| E)                                                                             | PURPO                                                                                                                                                                                                                      | DSE                      |              | SPECII                                                                                          | FY TYPE/USE                                                | ACCOUNT                              | EXPENDITURE                                                                       | REVENUE              | SAVINGS     |  |
| SAL                                                                            | ARIES/W                                                                                                                                                                                                                    | AGES:                    |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
|                                                                                |                                                                                                                                                                                                                            |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
| SUP                                                                            | PLIES:                                                                                                                                                                                                                     |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
| MAT                                                                            | ERIALS:                                                                                                                                                                                                                    |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
| IVIAI                                                                          | ENIALS.                                                                                                                                                                                                                    |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
| NEV                                                                            | V EQUIPI                                                                                                                                                                                                                   | MENT:                    |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
| FOL                                                                            | IIDMENT                                                                                                                                                                                                                    | REPAIR:                  |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
| LQU                                                                            | VIL IAICIA I                                                                                                                                                                                                               | REFAIR.                  |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
| ОТН                                                                            | ER:                                                                                                                                                                                                                        |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
|                                                                                |                                                                                                                                                                                                                            |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
| ТОТ                                                                            | ALS                                                                                                                                                                                                                        |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
|                                                                                |                                                                                                                                                                                                                            |                          | ·L           |                                                                                                 |                                                            | l                                    | 1                                                                                 |                      | ·L          |  |
| F)                                                                             |                                                                                                                                                                                                                            |                          |              |                                                                                                 | WHICH WILL OCCUR ON<br>LIST EACH ITEM AND D                |                                      |                                                                                   | EARS CHECK THE       | =           |  |
| Г                                                                              | 1-3                                                                                                                                                                                                                        | YEARS                    |              |                                                                                                 | 3-5 YEARS                                                  |                                      |                                                                                   |                      |             |  |
|                                                                                | 1-3 YEARS                                                                                                                                                                                                                  |                          |              |                                                                                                 | 3-5 YEARS                                                  |                                      |                                                                                   |                      |             |  |
|                                                                                | 1-3 YEARS                                                                                                                                                                                                                  |                          |              |                                                                                                 | 3-5 YEARS                                                  |                                      |                                                                                   |                      |             |  |
|                                                                                |                                                                                                                                                                                                                            |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
| G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION: |                                                                                                                                                                                                                            |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
|                                                                                |                                                                                                                                                                                                                            |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
|                                                                                |                                                                                                                                                                                                                            |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
| H)                                                                             | СОМР                                                                                                                                                                                                                       | UTATIONS I               | USED IN AF   | RRIVING                                                                                         | AT FISCAL ESTIMATE:                                        |                                      |                                                                                   |                      |             |  |
|                                                                                |                                                                                                                                                                                                                            |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |
|                                                                                |                                                                                                                                                                                                                            |                          |              |                                                                                                 |                                                            |                                      |                                                                                   |                      |             |  |

PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE