Notice of Measure Election

District

rev 01/16 ORS 250.035, 250.041, 255.145, 255.345

Notice 9-116		
Date of Notice Name of District January 17, 2018 Deschutes County RFPD #2	Name of County or Counties Deschutes	Date of Election May 15, 2018
Ballot Title Prepare with assistance from the district attorney or an attorney employed by the district.		
Caption 10 words which reasonably identifies the subject of the measure.		
Five-year operating levy for fire and emergency medical services.		
Question 20 words which plainly phrases the chief purpose of the measure.		
Shall District issue an operating levy of \$.20 per \$1,000 assessed value for emergency services for five-years beginning in 2019-2020? This measure renews current local option taxes.		
Summary 175 words which concisely and impartially summarizes the measure and its major effect.		
The measure, if approved, would authorize the District to levy taxes to support the annual cost of fire and emergency medical services provided to District residents. The measure would provide for a local option operating levy at a rate of \$.20 cents per \$1,000 of assessed value for five years, beginning July 1, 2019. Revenue from the levy would be used to maintain adequate staffing with the goal of assuring adequate response times.		
The estimated revenue over five years is:		
2019-2020: \$610,000 2020-2021: \$635,000 2021-2022: \$660,000 2022-2023: \$680,000 2023-2024: \$700,000		
If the maximum levy is assessed, the estimated total revenue raised over five years would be approximately \$3,285,000.		
The estimated revenue for this measure is an ESTIMATE ONLY based on the best information available at the time of estimate.		
Explanatory Statement 500 words that impartially explains the measure and its effect.		
If the county is producing a voters' pamphlet an explanatory statement must be drafted and attached to this form for: → any measure referred by the district governing body; or → any initiative or referendum, if required by local ordinance. Explanatory Statement Attached? Yes No		
Authorized District Official Not required to be notarized.		
Name Thomas W. Fay	Title Executive Director	
Mailing Address 1212 SW Simpson Av. Bend, OR 97702	Contact Phone \$\frac{3}{4}1-318-0459	
By signing this document: I hereby state that I am authorized by the district elections authority to submit this Notice of Measure Election and I certify the		
	1/	18/2018

Date Signed