## **Notice of Measure Election**

## Measure 5-254

Assigned 3/17/2016 Replacement Local Option Levy for Fire



District	an	d Emergency Medical Response	250.041, 255.145, 255.345
Notice		ten ander en	
Date of Notice 03/16/2016	Name of District Scappoose Rural Fire Distric	Name of County or Counties Columbia and Multnomah	Date of Election 5/17/2016
Ballot Title Prepare v	vith assistance from the district attorney or an at	torney employed by the district.	e en begente dependente
Caption 10 words whi	ich reasonably identifies the subject of the measu	ure.	2 · · · ·
REPLACEMENT LO EMERGENCY MED	CAL OPTION LEVY FOR FIRE AND ICAL RESPONSE		
Question 20 words w	hich plainly phrases the chief purpose of the me	asure.	
value for five year	re maintain emergency response ser s, beginning FY17? cause property taxes to increase mo		00 assessed property
Summary 175 words	which concisely and impartially summarizes the	measure and its major effect.	
will also add 2 part-time me The replacement levy rate i cost would be \$248, a \$60 i If the levy fails, property ta	an immediate response to all calls. The levy will retain edical-only staff. This will fund two ambulance crews d is \$1.24 per \$1,000 assessed property value, a \$0.30 inc increase. exes on a typical home would decline \$188 annually. ojected to raise \$7,277,881 over five years.	uring peak hours and improve response suppor	t when calls overlap.
If the county is produte $\rightarrow$ any measure refer	<b>nent</b> 500 words that impartially explains the me icing a voters' pamphlet an explanatory stat red by the district governing body; <b>or</b>		
مە تەرىپارىيە بەر مەتتى بەر يەمە - مەتبى	ferendum, if required by local ordinance.		
Authorized District Name David Grant	: Official Not required to be notarized.	Title Board President	
Mailing Address PO Box 625		Contact Phone 503-543-5026	
	nent: I am authorized by the district elections au s true and complete.	thority to submit this Notice of Measu	re Election and I certify the
Cu	COLUMBIA COL	INTY CLERK'S OFFICE	17-2016
Signature	MA		e Signed

DATE RECEIVED