

10-160

# Notice of Measure Election

## District

**SEL 803**

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

Notice			
<b>Date of Notice</b> 08/22/2017	<b>Name of District</b> North Douglas County Fire ar	<b>Name of County or Counties</b> Douglas County	<b>Date of Election</b> 11/07/2017

**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.  
Fire and Emergency Medical Services Five year Operating Levy Extension

**Question** 20 words which plainly phrases the chief purpose of the measure.  
Shall a 5-year extension of the \$0.99 per thousand local option tax for Fire and Ambulance operations be approved?

**Summary** 175 words which concisely and impartially summarizes the measure and its major effect.  
Currently North Douglas County Fire and EMS can not replace old worn out fire trucks and equipment without an operating levy. The operating levy would allow us to replace two ambulances, all of our breathing apparatus including bottles and masks, update the air compressor for breathing air. Replace our heart monitors and replace one fire engine. The \$0.99 per thousand tax raised from this measure would be in effect from July 1, 2018 through June 30, 2023. The proposed rate will raise approximately \$313,207 in 2018/2019, \$322,603 in 2019/2020, \$332,281 in 2020/2021, \$342,249 in 2021/2022 and \$352,516 in 2022/2023 for a total of \$1,662,856. It would be restricted to general fund expenses. The estimated cost for this measure is an ESTIMATE ONLY based on the best information available from the county assessor at the time of the estimate. The passage of this measure will not increase taxes. It will keep them at the same level as the last 10 years.

**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.

<b>Name</b> Robert Shannon	<b>Title</b> Fire Chief
<b>Mailing Address</b> PO Box 277, Drain OR 97435	<b>Contact Phone</b> 541-836-2282

*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 above ballot title is true and complete.

DOUGLAS COUNTY OREGON  
FILED

*Robert Shannon*  
Signature

AUG 23 2017

8/22/17  
Date Signed

PATRICIA K. HITT, COUNTY CLERK