AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Certification; Increase in Level of Services

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Certification of Increase in Level of Services due to Previously Exempt Federal Property

Fiscal Impact: $600

Submitted by: Linda Nienhueser **Submitter's Email Address:** lnienhueser@gunnisoncounty.org

Finance Review: ○ Required ◉ Not Required

Comments:

Reviewed by: Discharge Date:

County Attorney Review: ◉ Required ○ Not Required

Comments:

Reveiwed by: GUNCOUNTY1\mhoyt Discharge Date: 11/30/2018 Certificate of Insurance Required Yes ○ No ◉

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 11/30/2018

◉ Consent Agenda ○ Regular Agenda ○ Worksession Time Allotted: 0

Agenda Date: 12/4/2018

Revised April 2015

CERTIFICATION OF INCREASE IN LEVEL OF SERVICES DUE TO PREVIOUSLY LEGALLY EXEMPT FEDERAL PROPERTY WHICH HAS BECOME TAXABLE

FOR BUDGET YEAR 20_19_

(Pursuant to Section 29-1-301(1)(a), C.R.S.)

To the Colorado Division of Local Government and the Assessor of_____Gunnison____,

County: The_____BOCC_____ of the___County of Gunnison, Colorado
hereby **(governing body)** **(unit of local government)**
certifies there was an increase in the level of service(s) of the County of Gunnison, Colorado
(unit of local government)
which was a result of previously exempt federal property becoming taxable being located partly or completely within the boundaries of _____Gunnison County_____.
(unit of government)

Name and **location** of property:____previously exempt federal property_____

Identify the increase in the level of service(s) provided as a result of the exempt federal property becoming taxable.

Describe the Increase in the Level of Service(s)

Increase In Service

Sheriff related services

Signed by a **majority of the Governing Board** on: _____
(Date)

_____
(Name) (Title)

_____
(Name) (Title)

_____
(Name) (Title)

_____
(Name) (Title)

_____
(Name) (Title)

Contact Person: Linda Nienhueser_____**Telephone:____(970) 641-7622_____**

E-mail:_lnienhueser@gunnisoncounty.org_____

Form DLG 52 A
Revised 6/11