

FILED

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BAKER COUNTY CLERK

Date: 3/8/2024 / Time: 8:30AM

By: S. Kirby Clerk/Deputy

SEL 803

rev 03/18 ORS 250.035, 250.041, 255.145, 255.345

# Notice of Measure Election District

**Notice**

<b>Date of Notice</b> Feb 27, 2024	<b>Name of District</b> Haines Fire Protection District	<b>Name of County or Counties</b> Baker	<b>Date of Election</b> May 21, 2024
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**Final Ballot Title** The following is the final ballot title of the measure to be submitted to the district's voters. The ballot title notice has been published and the ballot title challenge process has been completed.

**Caption** 10 words which reasonably identifies the subject of the measure.

Five-Year local option tax for general operations

**Question** 20 words which plainly phrases the chief purpose of the measure.

Shall district impose \$1.25 per \$1000 of assessed value for general operations for five years beginning in 2024-2025? This measure may cause property taxes to increase more than three percent.

**Summary** 175 words which concisely and impartially summarizes the measure and its major effect.

The Haines Fire Protection District will use the tax revenue from this measure in order to continue to operate the district properly and be able to replace and keep the Fire Safety Equipment up to required standards, along with fire station repairs. The proposed tax rate will raise approximately \$131,686.00 in 2024-2025, \$135,676.00 in 2025-2026, \$139,705.00 in 2026-2027, \$143,891.00 in 2027-2028, \$148,207.00 in 2028-2029 for a total of \$699,165.00. The estimated tax cost for this measure is an ESTIMATE ONLY based on the best information available from the county assessor at the time of the estimate and may reflect the impact of early payment discounts, compression and the collection rate.

**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 elections authority; 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> Garla Rowe	<b>Title</b> President of Board
<b>Mailing Address</b> PO BOX 443 Haines, OR 97833	<b>Contact Phone</b> 541.403.0969

*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 that notice of receipt of ballot title has been published and the ballot title challenge process for this measure completed.

3/8/24

Date Signed