

Check one box:

City Ordinance Form

*(An ordinance can only be passed by a city council)*

County Resolution Form

*(A resolution can only be passed by a county commission)*

City/County of: \_\_\_\_\_

Ordinance/Resolution #: \_\_\_\_\_

Date and Time of Enactment: \_\_\_\_\_

Ordinance Title: \_\_\_\_\_

Ordinance/Resolution Provisions *(What are you doing)*: \_\_\_\_\_

Multiple horizontal lines for writing provisions.

\_\_\_\_\_  
Mayor/Chief Executive City/County Clerk

*Be sure to complete all necessary steps to implement the ordinance/resolution, including completing the analysis on the back side of this sheet. Missing implementation steps and forms will prevent this ordinance/resolution from having any effect. If this ordinance/resolution includes any building, make sure the proper steps have been followed and take all of the forms to the Banking Center with you.*

# Ordinance/Resolution Analysis

Complete all sections of the analysis or the ordinance/resolution will be considered null and void and will be disqualified.

## Purpose & Reasoning

Briefly describe the purpose of this ordinance/resolution and why you chose it over other alternatives:

## PROS

From your discussion of this ordinance/resolution, list or describe any possible positive effects adoption of this ordinance/resolution could have on your citizens:

## CONS

From your discussion of this ordinance/resolution, list or describe any possible negative effects adoption of this ordinance/resolution could have on your citizens:

## Overall Effect

From your analysis of the pros and cons above, summarize the overall effect that adoption of this ordinance/resolution could have on your citizens. Place a plus sign (+) by the categories that would increase, a minus sign (-) by the categories that would decrease, and a null symbol (N/A) by the categories that would remain unchanged.

\_\_\_\_\_ **Education**

\_\_\_\_\_ **Economy**

\_\_\_\_\_ **Crime**

\_\_\_\_\_ **Property Values**

\_\_\_\_\_ **Health**

\_\_\_\_\_ **Cost of Living**

## Affected Area

List the lot number(s) of the lot(s) in your city/county that are impacted by this ordinance. If the ordinance/resolution impacts all lots within a city/county write "All lots in the City/County of..." If an ordinance/resolution only impacts certain residents of a city/county, write the lot number(s) of the residential lot on which the resident(s) lives.

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