



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0757

*** RE:**

Submitting reso. autho. Resolution for the Legislative Policy Division to Complete a Local-Option Sales Tax Study

*** SUMMARY:**

Local-Option Sales Tax Study Resolution

*** RECOMMENDATION:**

For Consideration

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Administrative Assistant

***=REQUIRED**