Form PA-050

Request for Exemption from State Mandates

Wisconsin Dept of Revenue

Co-muni code		Town City		Village County	Municipality	County of				
Contact person		City		County		Title				
Address										
7.ta.a. ess										
City						State	Zip			
Email						Phone () –				
						,				
The following general criteria is used when evaluating local appeals (requests) for exemption from state mandates (sec. 66.0143, Wis. Stats.). Provide the following information. (use additional sheets, if needed)										
1. Statute reference (state law) mandate waiver request refers to:										
2. Provide a det	2. Provide a detailed description of the reason for the request.									
z. Hovide d det	·anca	u e se i i p		or the re	ason to the request.					
3. Describe how the waiver will enhance the efficiency and effectiveness of municipal or county operations.										
4. Describe who counties.	at effe	cts, if ar	ny, tl	he reque	sted waiver will have on programs or service	s offered by	y other municipalities or			
5. Provide the reason why this waiver is not related to health or safety.										

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6.	Provide a description of alternative actions if the waiver is not granted.	
7.	Financial Impact:	
	Year-by-year projection of annual savings (including any capital costs required and how allocated):	
	Year 1 \$ Year 2 \$ Year 3 \$ Year 4	\$
	Estimated 4-year cumulative budgeted program or service savings expected if waiver is granted	\$
	Total actual expenditures incurred in the past year for the program or service to be waived	\$
	Total current year budgeted expenditures for the program or service to be waived	\$
	Total combined tax levy and non levy (all sources) current year budget expenditures	\$
	List the names of individuals, businesses, organizations, or other entities that expressed support or opport proposed waiver, if any. Include both appearances before your governmental unit and other venues. (ex: newspaper editorials, letters)	osition to the
9.	Attach the following with the waiver request in the order listed:	
	a. Copy of specific resolution/ordinance (signed by head of government and from the governing body requesting a waiver or authorizing the head of government to request a waiver from any state mand	

b. Formal attestation from the govering body or executive that the waiver is not related to health or safety

c. Record of public hearing, including any adverse impact on public services offered by other municipalities or counties