Notice of Measure Election County

29-149

SEL 801

rev 01/16: ORS 250.035, 250.041, 250.175, 254.103, 254.465

Notice		·	
Date of Notice	Name of County or Counties		Date of Election
March 13, 2017	Tillamook		May 16, 2017
Final Ballot Title The following is the final ballot title of the measure to be submitted to the county's voters. The ballot title notice has been published and the ballot title challenge process has been completed.			
Caption 10 words which reasonable	y identifies the subject of the meas	rure.	
Pacific City-Neskowin Sherifi	s Enhanced Patrol Distric	t Formation	MAR 1 3 2017
Question 20 words which plainly phrases the chief purpose of the measure.			COUNTY CLERK
Question 20 words which plainly phrases the chief purpose of the measure.			
Shall a law enforcement dist beginning FY 2017-18?	rict be formed with perma	anent tax rate of \$.58 per	\$1000 assessed value
Summary 175 words which concisely and impartially summarizes the measure and its major effect.			
This measure would create an enhanced Sheriff's patrol district for that portion of Tillamook County which lies within the boundaries of the Pacific City Joint Water-Sanitary Authority and the Neskowin Regional Water District.			
The Tillamook County Committuell-time deputies (80 hours per the District, unless required to response times to an unincorporate tourists. The District will not a The permanent tax rate of \$.5	er week). Both deputies wo o respond to out of area cal oorated area that has a den iffect the level of patrol cur	ould provide law enforceme ls in accordance with Sherif se population which attract rently provided by the Sher	nt services exclusively within for the protocols. This will reduce is significant numbers of the protocol iff's Department.
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 county governing body; or → any initiative or referendum, if required by local ordinance.		Explanatory Statement Attac	ched? Yes No
Authorized County Official Not	required to be notarized,		
Name		Title	
William K Sargent		County Counsel	
Mailing Address		Contact Phone	
PO Box 652, Tillamook, OR 9	7141	503-842-4921	
By signing this document: → I hereby state that I am author → I certify that notice of receipt of completed.			
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Signature

3/13/17

Date Signed