## **Notice of Measure Election**

District

27-147

**E08 J32**ITK COUNTY CLERK COUNTY CLERK COUNTY: 250.035, 250.041, 255.145, 255.345

Notice			
Date of Notice	Name of District	Name of County or Counties	Date of Election
September 3, 2025	SW Polk Fire District	Polk	November 4, 2025
·····································	The following is the final ballot title of the measu hallenge process is complete.	re to be submitted to district voters. The ballot title n	otice was published
Caption 10 words	which reasonably identifies the subject of the me	asure.	
RENEV	V LOCAL OPTION LEVY FOR FIR	RE AND EMERGENCY MEDICAL SE	RVICES
Question 20 word	ls which plainly phrases the chief purpose of the n	neasure.	
	Should SW Polk Fire District issue a five-year local option levy re	newal for fire and emergency medical services, beginning FY2026-2027?	
	'This measure may cause property	taxes to increase more than three percent*	
Summary 175 wo	rds which concisely and impartially summarizes th	ne measure and its major effect.	
would be at a rate r property assessed twelve (12) career s decreasing volunte. If the levy does not	not to exceed \$1.37 cents per \$1,000 of District at \$200,000, the levy cost would be approximustaff and 10 volunteer members with a trend of the response.  pass, funding that supports current staff will feet.	ual cost of fire and emergency medical services. Too taxable assessed value for five years, beginning ately \$274 per year, or about \$22.83 per month. So increasing call volume (doubled in the past four all short, thus, staffing will be decreased by six ca	g FY2026-27. For a SWP currently has years) and reer staff. SWP
transport. If the levy passes, I		fires, heart attacks, car crashes, rescue operation  T/Paramedic staffing levels with the goal of mainta  anage our increasing calls for service.	
FY 2026-27: \$1,18! FY 2027-28: \$1,220 FY 2028-29: \$1,25! FY 2029-30: \$1,29! FY 2030-31: \$1,334	0,805 7,430 5,152 4,007 cost for this measure is an ESTIMATE ONLY	based on thebest information availablefrom the Codiscounts, compression and the collection rate."	County Assessor at
	tement 500 words that impartially explains the	measure and its effect. Tatement must be written and attached to this fo	orm for:
→ any measure re	ferred by the district elections authority; or referendum, if required by local ordinance.		_
Authorized Dist	rict Official Not required to be notarized.	edicin <mark>era</mark> ci, veristrandici, de de	
Name		Title	
Frank Pend	er	President	
Mailing Address 15455 Salt Cr	reek Road Dallas, OR 97338	Contact Phone 503-925-4275	
By signing this doc  → I hereby state t  → I certify that no completed.	hat I am authorized by the district elections	authority to submit this Notice of Measure Electi ned and the ballot title challenge process for this	on; <b>and</b> measure

9/3/2025

Date Signed