



CITY OF FRANKLIN, NEW HAMPSHIRE

"The Three Rivers City"

316 Central Street
Franklin, NH 03235

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cityhall@franklinnh.org

ORDINANCE #01-14

AN AMENDMENT TO THE FRANKLIN MUNICIPAL CODE:

In the Year of our Lord, Two Thousand Thirteen;

Be it ordained by the City Council of the City of Franklin that the Franklin Municipal Code, Chapter 160, Fees, 160-1 Fees charged for service by the City of Franklin be changed as follows:

	<u>Current Fee</u>	<u>Change To</u>
Returned Check Fee	\$25, plus \$4.42 for letter	\$35, plus cost of certified letter
Trash Barrel Fee – 64 gallons	\$0	\$75
Ambulance		
Basic Life Support Base Rate, 25% above Medicare	\$439.39	\$0
Advanced Life Support I Base Rate, 25% above Medicare	\$521.77	\$0
Advanced Life Support II Base Rate, 25% above Medicare	\$755.20	\$0
Mileage	\$9.96 loaded mile	\$0
Airways	\$110.28	\$0
Cardiac Monitoring	\$189.56	\$0
Defibrillation	\$110.28	\$0
IV Therapy/Drug Admin	\$139.62	\$0
Oxygen Administration	\$60.37	\$0
Basic Life Support, Bundled, 50% above Medicare	\$0	\$619.83
Advanced Life Support I, Bundled, 50% above Medicare	\$0	\$1,134.28
Advanced Life Support II, Bundled, 50% above Medicare	\$0	\$1,700.26
Mileage, Bundled, 50% above Medicare	\$0	\$12.45/mile
Summer Playground Program		
Resident	8 Weeks \$325 (trips included)	7 Weeks \$350 plus cost of trips
Non Resident	\$770 (trips included)	\$530 plus cost of trips
Early Drop Off or Late Pick Up		
Resident	\$50	\$60

Fee to be effective July 1, 2013 by a roll call vote.

Roll Call:

Councilor Boyd	_____	Councilor Feener	_____
Councilor Clarenbach	_____	Councilor Sharon	_____
Councilor Cournoyer	_____	Councilor Starkweather	_____
Councilor Desrochers	_____	Councilor Trudel	_____
Councilor Dzujna	_____		

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Approved: _____
Mayor

Passed: _____

I certify that said vote has not been amended or repealed and remains in full force and effect as of the date of this Certification and that Holly Burbank is the City Clerk for the City of Franklin, Franklin, New Hampshire.

A true copy, attested: _____
City Clerk

Date: _____