

TAKINGS IMPACT ASSESSMENT CHECKLIST

Complete this form for any county action that involves the adoption of a regulation, policy, guideline, court resolution, or order.

Project/Regulation Name: Scientific LCMS and Related Equipme	Thermo Fisher Scientific - Maintenance for Thermont - Medical Examiner's Office
County Department:	PURCHASING
Contact Person:	Melissa Lee, C.P.M., A.P.P.
Phone Number for Contact Person:	(817) 884-3245
Type of TIA Performed: SHORT TIA Sections II and III below.	or FULL TIA. Circle one after answering the questions in
****************	********************
I. Stated Purpose	
Attach to this checklist an explacourt resolution, or order.	anation of the purpose of the regulation, policy, guideline,
	Takings Impact Assessment Checklist should with the Criminal District Attorney's Office.
	equire a physical invasion, occupation, or dedication of real
property?	rquire a physical invasion, occupation, or accidation of real
Yes No_	
2. Does the county action temporarily?	limit or restrict a real property right, even partially, or
Yes No_	$\sqrt{}$
If you answered yes to either qu HERE and circle SHORT TIA a	nestion, go to Section III. If you answered no to both, STOP it the top of the form.
*******	***************************************