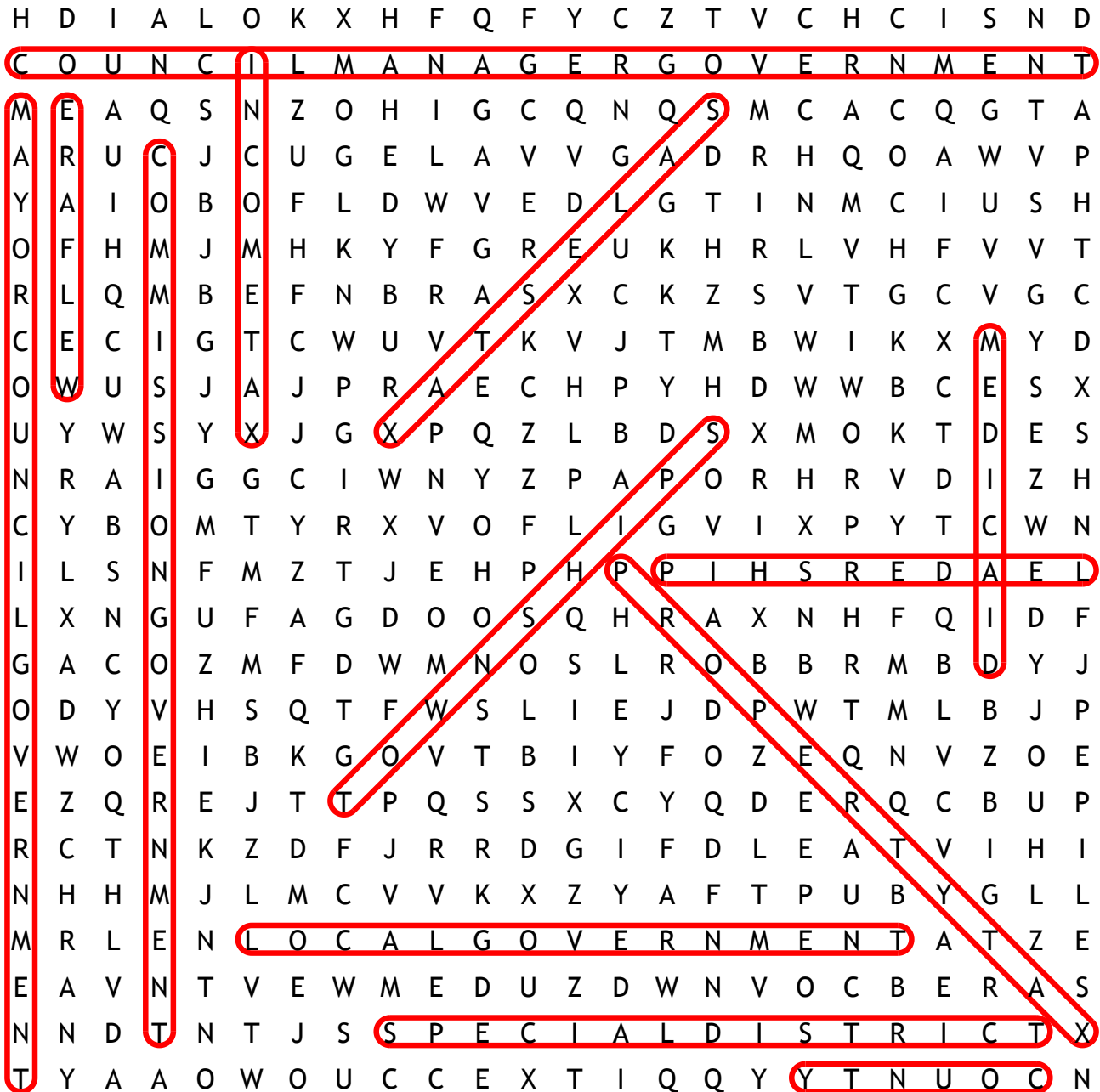


Name: _____

Date: _____

Local Government



council manager government

mayor council government

commission government

local government

special district

property tax

income tax

leadership

townships

sales tax

Medicaid

welfare

county