

Fund Name: Fire Lease Rental Payment

Requested

Appropriated

Personal Services

\$

-

\$

-

Supplies

\$

-

\$

-

Other Services and Charges

\$

-

\$

-

Township Assistance

\$

-

\$

-

Debt Service

\$

350

\$

350

Capital Outlays

\$

-

\$

-

TOTAL for Fire Lease Rental Payment Fund:

\$

350

\$

350

Adopted this 14th day of

December

, 2016.

NAY

AYE

ATTEST:

Secretary of Governing Body



CERTIFIED COPY OF ADDITIONAL APPROPRIATION

State Form 55819 (R / 6-15)

PRESCRIBED BY THE DEPARTMENT OF LOCAL GOVERNMENT FINANCE

UNIT NAME: Whitestown Civil Town Unit Number: 540
COUNTY NAME: Boone County Number: 06
Date of Publication (month, day, year): 12/3/2016 Newspaper Name: The Lebanon Reporter
Date of Public Hearing (month, day, year): 12/14/2016
Date of Resolution/Ordinance (month, day, year): 12/14/2016

Complete for each fund from which the additional appropriations are made. Use a separate column for each fund. Lines referred to below are on the Fund Report issued by the Department.

Table with 5 columns: A. DLGF Fund Number, B. Fund Name, C. Appropriation Amount Requested, D. Amount by Reduction, E. Net Amount of Increase. Rows include Property Tax Levy, Levy Excess, PTRC from CAGIT, LOIT Levy Freeze Amount, Misc. Revenue, January 1 Cash Balance, Subtotal of Funds, Less Circuit Breaker, Total Funds, DLGF Approved Budget, Encumbered Appropriations, Temporary Loans, Beginning Obligations, Surplus Funds, Previous additional appropriation, Amount transferred to the Rainy Day Fund, and Surplus Funds Remaining.

Note #1: Do not use this line for additional appropriations for the rainy day fund. Transfers to the rainy day fund are miscellaneous revenues in the rainy day fund.

I, Matthew Sumner fiscal officer of Whitestown, do hereby certify that the above information is true and correct.

Dated this 14 day of December, 2016.

Signature: Matthew Sumner Title: Clerk Treasurer
6210 South 700 East (317) 769-6557
Unit Mailing Address (number and street) Telephone Number
Whitestown, Indiana 46075 Msumner@whitestown.in.gov
City, State and ZIP Email Address

| Amt. Of Additional Appropriation Requested | Amt. Of Reduction of Appropriation | | |
|--|------------------------------------|--|--|
|--|------------------------------------|--|--|

Fund: Parks

Department: _____

| | | | |
|----------------------------|--------|--|--|
| Personal Services | 0 | | |
| Supplies | 0 | | |
| Other Services and Charges | 0 | | |
| Township Assistance | 0 | | |
| Debt Service | 0 | | |
| Capital Outlays | 55,000 | | |
| TOTAL | 55,000 | | |

Fund: Police Donation

Department: _____

| | | | |
|----------------------------|-------|--|--|
| Personal Services | 0 | | |
| Supplies | 0 | | |
| Other Services and Charges | 6,000 | | |
| Township Assistance | 0 | | |
| Debt Service | 0 | | |
| Capital Outlays | 0 | | |
| TOTAL | 6,000 | | |

Fund: Parks Non-reverting

Department: _____

| | | | |
|----------------------------|-------|--|--|
| Personal Services | 0 | | |
| Supplies | 0 | | |
| Other Services and Charges | 2,500 | | |
| Township Assistance | 0 | | |
| Debt Service | 0 | | |
| Capital Outlays | 0 | | |
| TOTAL | 2,500 | | |

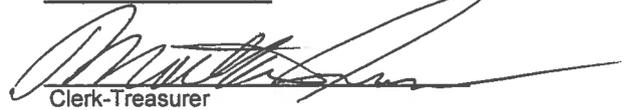
Fund: Lease Rental Payment

Department: _____

| | | | |
|----------------------------|-----|--|--|
| Personal Services | 0 | | |
| Supplies | 0 | | |
| Other Services and Charges | 0 | | |
| Township Assistance | 0 | | |
| Debt Service | 350 | | |
| Capital Outlays | 0 | | |
| TOTAL | 350 | | |

I, Matt Sumner, fiscal officer of Whitestown Civil Town,

do hereby certify that amounts appropriated on December 14, 2016 are to be appropriated to the above stated major classes.


Clerk-Treasurer

Attach additional copies as needed.