

# ORDINANCE OR RESOLUTION FOR APPROPRIATIONS AND TAX RATES

State Form 55865 (7-15)  
 Approved by the State Board of Accounts, 2015  
 Prescribed by the Department of Local Government Finance

Budget Form No. 4  
 Generated 9/16/2019 9:00:30 PM




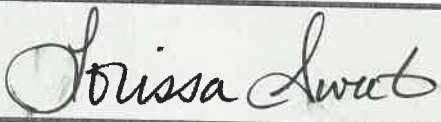

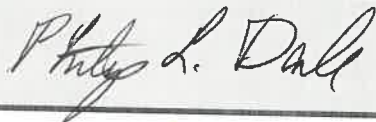

Ordinance / Resolution Number: 2019-85-08

Be it ordained/resolved by the **Wabash County Council** that for the expenses of **WABASH COUNTY SOLID WASTE MANAGEMENT DISTRICT** for the year ending December 31, **2020** the sums herein specified are hereby appropriated and ordered set apart out of the several funds herein named and for the purposes herein specified, subject to the laws governing the same. Such sums herein appropriated shall be held to include all expenditures authorized to be made during the year, unless otherwise expressly stipulated and provided for by law. In addition, for the purposes of raising revenue to meet the necessary expenses of **WABASH COUNTY SOLID WASTE MANAGEMENT DISTRICT**, the property tax levies and property tax rates as herein specified are included herein. Budget Form 4-B for all funds must be completed and submitted in the manner prescribed by the Department of Local Government Finance.

This ordinance/resolution shall be in full force and effect from and after its passage and approval by the **Wabash County Council**.

Name of Adopting Entity / Fiscal Body	Type of Adopting Entity / Fiscal Body	Date of Adoption
Wabash County Council	County Council	09/16/2019

Funds				
Fund Code	Fund Name	Adopted Budget	Adopted Tax Levy	Adopted Tax Rate
8210	SPECIAL SOLID WASTE MANAGEMENT	\$589,114	\$0	0.0000
		<b>\$589,114</b>	<b>\$0</b>	<b>0.0000</b>

Name		Signature
Kyle Bowman	Aye <input type="checkbox"/> Nay <input checked="" type="checkbox"/> Abstain <input type="checkbox"/>	
Matt Mize	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Barbara Pearson	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Lorissa Sweet	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Matt Dillon	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Phil Dale	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Randy Curless	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	

ATTEST		
Name	Title	Signature
Marcie Shepherd	County Auditor	