

# Board of County Commissioners



## AMENDMENT OFFICIAL CERTIFICATE OF ESTIMATED RESOURCES

Date:

Submitted by:

Office/Department:

REVENUE ACCOUNT CODE	ACCOUNT CODE DESCRIPTION	AMOUNT	INCREASE or DECREASE
1001-06-120-406300	Local Government Taxes	\$500,000.00	DECREASE
1001-07-120-407100	Fees- Auditor	\$10,000.00	INCREASE

Rationale:

Signature of Approving Authority: \_\_\_\_\_

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*For use by the Commissioners' Office:*

Letter of Request to County Auditor Dated: \_\_\_\_\_