
Name of Subdivision

Date: _____

To: *The Wayne County Auditor*
 Secretary to the Budget Commission
 Wayne County, Ohio

Re: *Amended Certificate*

Please amend our Certificate of Estimated Resources for the following fund(s):

Ordinance # _____
Approved _____

(1) Fund: _____
 Fund Number & Fund Name

Current Balance _____
Increase/Decrease _____
New Fund Balance \$ _____

Explanation: _____

Documentation Attached: _____

(2) Fund: _____
 Fund Number & Fund Name

Current Balance _____
Increase/Decrease _____
New Fund Balance \$ _____

Explanation: _____

Documentation Attached: _____

(3) Fund: _____
 Fund Number & Fund Name

Current Balance _____
Increase/Decrease _____
New Fund Balance \$ _____

Explanation: _____

Documentation Attached: _____

Signature of Clerk