

\_\_\_\_\_  
*Name of Political Subdivision*

Date: \_\_\_\_\_

To: The Wayne County Auditor  
Secretary to the Budget Commission

Re: Amended Certificate

**PLEASE AMEND OUR CERTIFICATE OF ESTIMATED RESOURCES FOR THE  
FOLLOWING FUND(S):**

Resolution # \_\_\_\_\_

Approval Date: \_\_\_\_\_

(1) Fund: \_\_\_\_\_

Fund Number and Fund Name

Current Balance from Amended Certificate	_____
Increase/Decrease	_____
New Fund Balance	\$ _____

Explanation: \_\_\_\_\_  
\_\_\_\_\_

(2) Fund: \_\_\_\_\_

Fund Number and Fund Name

Current Balance from Amended Certificate	_____
Increase/Decrease	_____
New Fund Balance	\$ _____

Explanation: \_\_\_\_\_  
\_\_\_\_\_

(3) Fund: \_\_\_\_\_

Fund Number and Fund Name

Current Balance from Amended Certificate	_____
Increase/Decrease	_____
New Fund Balance	\$ _____

Explanation: \_\_\_\_\_  
\_\_\_\_\_

(4) Fund: \_\_\_\_\_

Fund Number and Fund Name

Current Balance from Amended Certificate	_____
Increase/Decrease	_____
New Fund Balance	\$ _____

Explanation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Fiscal Officer/Clerk Signature