# 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
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Ordinance / Resolution Number: **1714B**

Be it ordained/resolved by the **St. John Town Council** that for the expenses of **ST. JOHN SANITARY** for the year ending December 31, **2021** 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 **ST. JOHN SANITARY**, 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 **St. John Town Council**.

| Name of Adopting Entity / Fiscal Body | Type of Adopting Entity / Fiscal Body | Date of Adoption |
|---|---|---|
| St. John Town Council | Town Council | 10/28/2020 |

**Funds**

| Fund Code | Fund Name | Adopted Budget | Adopted Tax Levy | Adopted Tax Rate |
|---|---|---|---|---|
| 8201 | SPECIAL SANITARY GENERAL | $296,109 | $394,000 | 0.0286 |
| | | **$296,109** | **$394,000** | **0.0286** |

**Home-Ruled Funds (Not Reviewed by DLGF)**

| Fund Code | Fund Name | Adopted Budget |
|---|---|---|
| 9500 | Sanitary District - Rainy Day | $0 |
| | | **$0** |

| Name | | Signature |
|---|---|---|
| Bryan Blazak | BH Aye ☒ Nay ☐ Abstain ☐ | |
| Wayne Pondinas | BH Aye ☒ Nay ☐ Abstain ☐ | |
| Paul Panczuk | BH Aye ☒ Nay ☐ Abstain ☐ | |
| Michael Schilling | BH Aye ☒ Nay ☐ Abstain ☐ | |
| Gerald Swets | BH Aye ☒ Nay ☐ Abstain ☐ | |

**ATTEST**

| Name | Title | Signature |
|---|---|---|
| Beth Hernandez | Clerk-Treasurer | Beth R. Hernandez |