

		Items	Total Estimate	Approved
3 OTHER SERVICES AND CHARGES				
Professional Services				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Communication and Transportation				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Printing and Advertising				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Insurance				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Utility Services				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Repairs and Maintenance				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Rentals				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Debt Service				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Other Services and Charges				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
_____	_____		0	0
Total Other Services and Charges			0	0

4 CAPITAL OUTLAYS		Items	Total Estimate	Approved
Land				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Buildings				
_____	POLICE	25000		
_____	FIRE	65000		
_____	_____			
_____	_____		90000	0
Improvements Other Than Building				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Machinery and Equipment				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Other Capital Outlays				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Total Capital Outlays			90000	0
TOTAL BUDGET ESTIMATE			839333	0

(I) (We) hereby certify that the foregoing is a true and fair estimate of the necessary expense of the _____

(Name of Office, Board, Commission, Department, Institution or Fund)

for the calendar year _____ for the purposes therein specified.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head