

CERTIFIED COPY OF ADDITIONAL APPROPRIATION

State Form 55819 (R4 / 2-19)
PRESCRIBED BY THE DEPARTMENT OF LOCAL GOVERNMENT FINANCE

Section I						
When reporting the appropriation of b	bond proceeds, complete S	ection I; lines A, B, C and 5 o	f Section II; Section III; a	nd Section IV		
UNIT NAME: TO\		WN OF MUNSTER			Unit Number:	0507
COUNTY NAME:		LAKE			County Number:	45
Data of But Karking						
Date of Publication (month, day, year): 11/6/20	025 Newspaper Name:	The Times				
Date of Publication	bzo Newspaper Hame.	The Times		-	DI OF HE	ONLY
					DLGF USE	ONLY
Date of Public Hearing					Date Received	
(month, day, year): ######## \\ -\7 .25				l'	(month, day, year):	
Date Resolution Passed			1			
(month, day, year): ######## 11-17-25				Order Number: _		
Section II						
Complete a column for each fund for	which the additional appro	priations are being made. Val	ues omitted from the she	et may impact the Departmen	t's review and approval o	f the request.
Rows A and B should be completed to	using the fund number and	fund name as listed on the Fu	und Report of the Final 1	782 Notice issued by the Dep	artment.	
A. DLGF Fund Number		6102	4402			
		VIOZ	Cum. Capital			
B. Fund Name		Water Bond & Interest	Development			
C. Appropriation Amount Requested		\$734,686.00	\$81,000.00			
D. Amount by Reduction (Enter as a positive number)						
E. Net Amount of Increase (C minus D)		\$734,686.00	\$81,000.00	\$0.00	\$0.00	\$0.00
1. Property Tax Levy (Line 16)		\$0.00	\$0.00	\$0.00		\$0.00
2. Levy Excess (Line 15)		\$0.00	\$0.00	\$0.00		\$0.00
3. PTRC from Local Income Tax (LIT) (Line 13A)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. LIT Levy Freeze Amount (Line 13B)			\$0.00			\$0.00
5. Misc. Revenue (Line 8B) (See Note #1)		\$734,686.00	\$70,047.00			
January 1 Cash Balance (Include investments)		\$0.00	\$1,447,507.00			00.00
7. Subtotal of Funds (Add 1 thru 6)		\$734,686.00	\$1,517,554.00	\$0.00	\$0.00	\$0.00
8. Less Circuit Breaker (Amount Fron	m Circuit Breaker Report)	6704 600 00	£4 E47 EE4 00	\$0.00	\$0.00	\$0.00
9. Total Funds (7 minus 8)		\$734,686.00	\$1,517,554.00 \$759,621.00	\$0.00	\$0.00	30.00
DLGF Approved Budget (Line 1C) Encumbered Appropriations Carried Forward From			\$739,021.00			
Previous Year	led Folward From				10	
12. Temporary Loans Outstanding as of January 1		\$0.00	\$0.00	\$0.00	\$0.00	
13. Beginning Obligations (Add 10 thru 12)		\$0.00	\$759,621.00	\$0.00	\$0.00	\$0.00
14, Surplus Funds (9 minus 13)		\$734,686.00	\$757,933.00	\$0.00	\$0.00	\$0.00
15. Previous additional appropriation(s) approved since						
January 1, less any reductions in appropriations			\$150,000.00		#0.00	
16. Amount transferred to the Rainy Day Fund (See Note #2)		\$0.00	\$0.00		\$0.00	\$0.00
17. Surplus Funds Remaining (14 mil	nus 15 minus 16)	\$734,686.00	\$607,933.00	\$0.00	\$0.00	20.00
Note #1: If amount report on Row ! Note #2: Row 16 cannot be used for	5 is higher than 8B amou	nt, then a revised Budget Fo	orm 2 must be attached	with the Additional Approp	riation Request. Hangous revenues on l	ine 5
Note #2: Row 16 cannot be used to	or additional appropriatio	ns for the famy day fund. Th	ransiers to the rainy da	y fulld are efficied as fillsee	nancous revenues on E	
Section III						
Please check the requested method	for the Department to infor	n your unit of the status of the	Additional Appropriation	n Request		
Theads officer the requested method	tor the Dopartment to inter-	, ,	The second secon	,		
Check One:						
Follow Up Via E-mail	wmis@munster	.in.gov; pabbott@mu	unster.in.gov			
	E-mail Address(es)	3- 11				
Follow Up Via Mail	` '					
remain op ne man		ber, Street, City, State, ZIP C	Code)			
was a second						
Section IV		/ 1				
Wendy Mis	fis	cal officer of Journ of	Muneter	do hereby certify that th	e above information is tru	ue and correct
(Please Print)		1.	Please Print)	4.4	11 11 11	
Wilney Mrs	Clerk	· Masure		219 836-692	t) //-/	7.2025
Signature		Title		Telephone Number	Date (mor	ith, day, year)

Completed additional appropriation requests may be submitted to the Department via e-ma Additional Appropriation Requests@dlqf.in.gov or via fax (317) 974-1629.