

# CITY OF LIMA

## Schedule A

### SUMMARY OF AMOUNTS REQUIRED FROM GENERAL PROPERTY TAX APPROVED BY THE BUDGET COMMISSION AND COUNTY AUDITOR'S ESTIMATED TAX RATES

Fund	Amount approved by Budget Comm. <b>Inside</b> 10 M. Limitation	Amount to be Derived from Levies <b>Outside</b> 10 M. Limitation	Auditor's Estimate of Tax Rate to be Levied	
			Inside 10 M. Limit	Outside 10 M. Limit
	Column I	Column II	III	IV
General Fund	1,243,168.00		3.30	
Police Pension	130,820.00		0.30	
Fire Pension	130,820.00		0.30	
<b>Special Funds</b>				
<b>TOTAL</b>	1,504,808.00	-	3.90	-

## Schedule B

Levies outside 10 mill limitation, exclusive of Debt Levies

Fund	Maxium Rate Authorized to be Levied	Co. Auditor's Estimate of Yield of Levy (Carry to Schedule A, Column II)
	-	-
	-	-
<b>TOTAL</b>	-	-

and be it further RESOLVED, That the Clerk of said Board certify a copy of this Resolution to the Allen County Auditor.

\_\_\_\_\_ seconded the Resolution and the roll being called

upon its adoption the vote resulted as follows:

_____	YES	NO
_____	YES	NO
_____	YES	NO
_____	YES	NO
_____	YES	NO

Adopted the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Clerk - City of Lima

# CERTIFICATE OF COPY

ORIGINAL ON FILE

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The State of Ohio, Allen County, ss.

I, \_\_\_\_\_, Clerk of the Council of the **City of Lima**,  
within and for said County, and in whose custody the Files and Records of said Council are required by the  
Laws of the State of Ohio to be kept, do hereby certify that the foregoing is taken and copied from the original:  
Resolution \_\_\_\_\_, now on file that the foregoing has been compared by me with said original  
document, and that the same is a true and correct copy thereof.

WITNESS my signature, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Clerk of Council

(A copy of this Resolution must be certified to the County Auditor before the first day of October each year,  
or at such later date as may be approved by the Board of Tax Appeals)

Filed \_\_\_\_\_, 20\_\_

Rachael S. Gilroy  
Allen County Auditor

By \_\_\_\_\_  
Deputy