

SPONSOR: Evans/Smith

RESOLUTION NO. 11-08

A RESOLUTION AUTHORIZING A THEN AND NOW CERTIFICATE, AND DECLARING AN EMERGENCY.

WHEREAS, pursuant to Ohio Revised Code Section 5705.41(D), the issuance of a then and now certificate is permitted; and

WHEREAS, the Jackson City Council now desires to approve the then and now certificate.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF JACKSON, STATE OF OHIO, as follows:

Section 1. The Jackson City Council hereby authorizes and approves the Then and Now Certificate, in accordance with the material attached hereto as Exhibit "A", and made a part hereof.

Section 2. This Resolution is hereby is hereby declared to be an emergency Resolution necessary for the immediate preservation of the public peace, health, or safety of the City of Jackson, and for the further reason that the Jackson City Council must act promptly in approving the Then and Now Certificate. Therefore, this Resolution shall go into effect upon passage and approval by the Mayor, as provided in Ohio Revised Code Section 731.30.

Section 3. In the event this Resolution receives a majority vote for passage but fails to receive the required number of votes to pass as an emergency, then this Resolution shall be deemed to have passed but with no emergency clause, and shall take effect at the earliest time permitted by law.

Section 4. This Council finds and determines that all formal actions of this Council concerning and relating to the passage of this resolution were taken in an open meeting of this Council and that all deliberations of this Council that resulted in those formal actions were in meetings open to the public, all in compliance with the law.

Date: 3-25-08

Reece W. Scarborough
PRESIDENT OF COUNCIL

Anna Brown
CLERK OF COUNCIL

Approved:

Date: 3-26-08

Randy R. Hunt
MAYOR

THEN AND NOW CERTIFICATE

It is hereby certified that, pursuant to Ohio Revised Code Section 5705.41(D), that at the time of the making of such contract or order and at the time of the execution of this certificate, a sufficient sum was appropriated for the purpose of such contract and in the Treasury or in the process of collection to the credit of an appropriate fund free from any previous encumbrance.

The taxing authority has thirty (30) days from the receipt of this certificate to approve for payment by resolution; otherwise this certificate becomes null and void and there is no legal liability on the part of the City or the taxing authority.

Date of Certificate: March 18, 2008

Warrant #: _____

Line Item #: 110-7110-53009

PO #: 74774

Invoice #: See Attached

Invoice Date: See Attached

Amount: \$3,081.49

Vendor Name: Scottsdale Insurance Co.

Resolution #: _____

Date & Page in
City Council
Minutes: _____

City Auditor

Date Certified

Invoice To

CITY OF JACKSON

145 BROADWAY STREET
JACKSON, OHIO 45640-1656

PURCHASE ORDER

NO. 0000074774
(APPENDIX 8.6)

DISTRIBUTION	
PT. 1-WHITE - VENDOR	PT. 3-PINK - AUDITOR
PT. 2-YELLOW - FILE	

DELIVER AND
SHIP TO
THIS DEPT.
AND DIVISION

POLICE STATION
CITY OF JACKSON
199 PORTSMOUTH ST
JACKSON, OHIO 45640

NAME
AND ADDRESS
OF VENDOR

S00233
SCOTTSDALE INSURANCE CO
DEDUCTIBLE RECOVERY DEPT
P O BOX 4120
SCOTTSDALE AZ 85261-9865

PURCHASE ORDER DATE 03/14/08	CONTRACT NO.
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GUARANTEED DELIVERY DATE

EXCISE OR SALES TAX DO NOT APPLY TO CITY

TERMS:
CASH DISCOUNTS WILL BE FIGURED FROM DATE
ACCOUNTING OFFICE RECEIVES VENDOR'S INVOICE

By shipping the goods below or by acknowledging receipt of this order or by performing the work below you agree to the terms and conditions of sale which appear on the face. Any different or additional terms in your acceptance of this offer are hereby objected to.

LINE NO.	DESCRIPTION	ACCOUNT CODE	QUANTITY	UNIT PRICE	AMOUNT
001	ACCT #153063	110-7110-53009			.00 3081.49
TOTAL AMOUNT NOT TO EXCEED					3081.49

INSTRUCTIONS TO VENDORS

1. THIS ORDER IS NOT VALID UNLESS SIGNED BY THE CITY AUDITOR FOR AVAILABILITY OF FUNDS.
2. MAIL INVOICES IN DUPLICATE TO THE ACCOUNTS PAYABLE OFFICE.
3. NO CHANGE MAY BE MADE IN THIS ORDER WITHOUT WRITTEN CONSENT OF THE FINANCE DIRECTOR.

AUDITOR'S CERTIFICATE

It is hereby certified that the amount's specified above required to meet he contact, agree-ment, obligation, payment of expenditure for the above, has been lawfully appropriated or au-thorized or directed for such purpose and is in the City Treasury or in process of collection to the credit of the appropriate fund free from any obligation or certification now outstanding.

3/14/08
DATED

James L. Hagedorn
AUDITOR
This order not valid unless City Auditor's certificate is signed.

**IMPOR-
TANT
PLEASE
NOTE**

▶ THE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND ON ALL CORRESPONDENCE.

Print Form

P.O. Number: 74774

REQUISITION FORM

City of Jackson, Ohio

Date: 3-12-08

Vendor # 500233

Department: Police

Account #: 110-7110-53009

Vendor: Scottsdale Ins Co.

Address:

(If New):

Quantity	Description	Unit Price	Total Cost
	Acct # 153063		\$3086.49

Sub-Total

Shipping

Total

Requested By: Carl [Signature] Date: 3-12-08

Approved By Service / Safety Director: [Signature] Date: 3-12-08



National Casualty Co. • Scottsdale Indemnity Co. • Colonial County Mutual Insurance Co. • Scottsdale Surplus Lines Insurance Co.
 Mailing Address: P.O. Box 4120
 Scottsdale, Arizona 85261-4120
 (480) 365-4000 • Toll Free (800) 423-7675 • Fax (480) 905-5225

ACCOUNT

No. 153063

Insured

OH, JACKSON CITY POLICE DEPT
 JACKSON, CITY OF, THE
 199 PORTSMOUTH ST
 JACKSON OH 45640

Make checks payable to: Scottsdale Insurance Company
 (To insure proper credit, write a claim number on your check.)

WE ACCEPT VISA, MASTERCARD AND AMERICAN EXPRESS



To arrange credit card payment contact 1-800-423-7675, ext. # 2930

Address or Name Change? Make any changes directly to the invoice above and return the entire invoice with payment.

Payment has been made in connection with claim(s) listed below and a deductible is due. Please make check payable to Scottsdale Insurance Company and return it in the enclosed self-addressed envelope. Should you have any questions, please contact ABBY WILSON at 1-800-423-7675, extension 2930.

Please detach and return lower portion with your payment.

Bill #	Claim Number	Loss Date	Claimant Name	Policy Number	Policy Period	Loss State	Loss Payment	Expense Payment	Policy Deductible	Deductible Due
1	00885197-01	09/23/05	MURPHY, TONYA S	PKI0000483	12/10/04-12/10/05	OH	\$.00	\$3388.49	\$10000.00	\$3081.49

PAYMENT DUE BY	TOTAL DUE THIS INVOICE	30 DAYS PAST DUE	60 DAYS PAST DUE	90 DAYS PAST DUE
03/25/08	\$3081.49	\$3081.49	\$.00	\$.00

Bill Date	Account #	Page	Masterfile	Representative	Amount Paid
03/04/08	153063	1 OF 01	885197	E0385	(Please enter amount paid) \$

OH, JACKSON CITY POLICE DEPT

CITY OF JACKSON
 Memorial Building
 JACKSON, OHIO 45640
 286-2201

**RECEIVING
 FORM**

73611

		DATE 3-12-08	PURCHASE ORDER NO. OR RETURNED GOODS	
RECEIVED FROM ADDRESS		Scottsdale Ins Co.		PREPAID
VIA		FREIGHT BILL NO.		
COLLECT				
QUANTITY	ITEM NUMBER	DESCRIPTION		
1				
2		Acct # 153063		
3				
4		\$ 3081.49		
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
REMARKS: CONDITIONS, ETC.				
NO. PACKAGES	WEIGHT	RECEIVED BY BGW	CHECKED BY "	DELIVERED BY

BE SURE TO
 MAKE THIS RECORD
 ACCURATE AND COMPLETE

