

19-22

Ordinance No. 9449

2020 Budget Proposal

Sanitary District of Hammond

Sewer Maintenance Fund 608 (8201)

Special Sanitary Debt Service Fund 309 (8280)

SPONSORED BY:

COUNCILWOMAN VENECZ

COUNCILMAN DAVE WOERPEL

COUNCILMAN SPITALE

# 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

Ordinance Number: **9449**

Be it ordained/resolved by the **HAMMOND CITY COUNCIL** that for the expenses of **HAMMOND SANITARY** for the year ending December 31, **2020** 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 **HAMMOND 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 **HAMMOND CITY COUNCIL**.

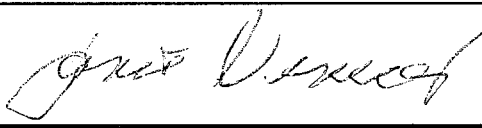



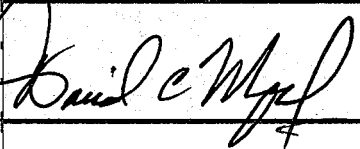
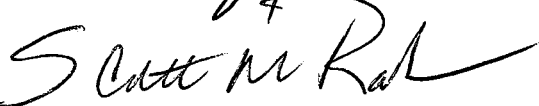
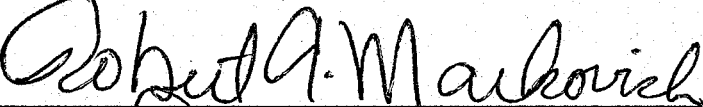

Name of Adopting Entity / Fiscal Body	Type of Adopting Entity / Fiscal Body	Date of Adoption
Hammond City Council	Common Council and Mayor	10/21/2019

<b>DLGF-Reviewed Funds</b>				
Fund Code	Fund Name	Adopted Budget	Adopted Tax Levy	Adopted Tax Rate
8201	SPECIAL SANITARY GENERAL	\$5,200,000	\$4,015,482	0.1224
8280	SPECIAL SANITARY DEBT SERVICE	\$9,146,270	\$10,556,870	0.3218
8284	SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	\$0	\$0	0.0000
		<b>\$14,346,270</b>	<b>\$14,752,352</b>	<b>0.4442</b>

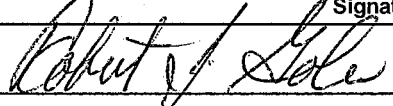
# ORDINANCE OR RESOLUTION FOR APPROPRIATIONS AND TAX RATES

State Form 55865 (7-15)  
 Approved by the State Board of Accounts, 2015  
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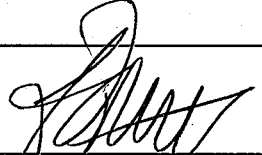
Budget Form No. 4

Name		Signature
JANET VENEZ	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
MARK KALWINSKI	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
PETE TORRES	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
ANTHONY W. HIGGS	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	ABSENT
WILLIAM EMERSON	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
DAVE C. WOERPEL	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
SCOTT RAKOS	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
ROBERT A. MARKOVICH	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
DANIEL SPITALE	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	

**ATTEST**

Name	Title	Signature
ROBERT J. GOLEC	City Clerk	

**MAYOR ACTION (For City Use Only)**

Name		Signature	Date
THOMAS M. MCDERMOTT	Approve <input checked="" type="checkbox"/> Veto <input type="checkbox"/>		12/21/19

## CURRENT YEAR FINANCIAL WORKSHEET (Formerly Line 2 Worksheet)

**Selected Year:** 2020  
**Selected County:** 45 - Lake County  
**Selected Unit:** 0810 - HAMMOND SANITARY  
**Selected Fund:** 8201 - SPECIAL SANITARY GENERAL

<b>Line 2</b>	
<b>APPROPRIATIONS</b>	
1. Current Year Approved Budget	\$3,648,999
2. Encumbrances Brought Forward	\$954,161
3. Changes to Appropriations:	
a) Additional Appropriations (January to June)	\$0
b) Reductions January through June	\$0
4. Other Non-Appropriated Obligations	\$0
5. Total Approved Appropriations	\$4,603,160
<b>DISBURSEMENTS</b>	
6. January through June Current Year Disbursements	\$1,966,633
7. Appropriation Balance	\$2,636,527
8. Reductions July through December	\$0
9. Estimated Current Year Expenditures July through December	\$2,636,527
<b>Line 3</b>	
10. Proposed/Approved Additional Appropriations for July through Dec. of Current Year	\$1,854,667
<b>Line 4A</b>	
11. Levy excess not transferred prior to June 30	\$0
12. Temporary Loans outstanding as of June 30	\$0
What fund loaned the cash on Line 12:	
13. Temporary loans not included in Lines 2 or 3	\$0
<b>Line 4B</b>	
14. Temp loans to be repaid in the first six months of ensuing year	\$0
What fund loaned the cash on Line 14:	
<b>Line 6</b>	
15. June 30 Cash Balance, including investments	\$1,679,151
<b>Line 7</b>	
16. Taxes to be collected, present year (December settlement)	\$901,492

# Budget Form 1 - Budget Estimate

Year: 2020 County: Lake Unit: Hammond Sanitary

Fund	Department	Category	Sub-Category	Line Item Code	Line Item	Published	Adopted
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Salaries and Wages	411.01	Salaries and Wages	\$1,060,735	\$1,060,735
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Salaries and Wages	411.02	Overtime Salaries	\$50,000	\$50,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.01	FICA	\$84,971	\$84,971
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.02	PERF	\$157,724	\$157,724
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.04	Insurance (life/health/w.c./u)	\$413,955	\$413,955
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.06	Clothing Allowance	\$25,000	\$25,000
<b>PERSONAL SERVICES Total</b>						<b>\$1,792,385</b>	<b>\$1,792,385</b>
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SUPPLIES	Office Supplies	421.00	Office Supplies	\$10,000	\$10,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SUPPLIES	Operating Supplies	422.00	Operating Supplies	\$200,000	\$200,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SUPPLIES	Repair and Maintenance Supplies	423.00	Repair - Maintenance Supplies	\$75,000	\$75,000
<b>SUPPLIES Total</b>						<b>\$285,000</b>	<b>\$285,000</b>
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Professional Services	431.00	Professional Services	\$100,000	\$100,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Communication and Transportation	432.00	Communication - Transportation	\$5,000	\$5,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Insurance	434.00	Insurance	\$46,950	\$46,950

Fund	Department	Category	Sub-Category	Line Item Code	Line Item	Published	Adopted
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Utility Services	435.00	Utilities	\$65,000	\$65,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Repairs and Maintenance	436.00	Repairs - Maintenance	\$2,500,000	\$2,500,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Rentals	437.00	Rentals	\$25,000	\$25,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Other Services and Charges	439.00	Other Services - Charges	\$30,665	\$30,665
<b>SERVICES AND CHARGES Total</b>						<b>\$2,772,615</b>	<b>\$2,772,615</b>
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	CAPITAL OUTLAYS	Other Capital Outlays	449.00	Lease Payments	\$350,000	\$350,000
<b>CAPITAL OUTLAYS Total</b>						<b>\$350,000</b>	<b>\$350,000</b>
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	DEBT SERVICE	Payments on Tax Anticipation Warrants Interest	438.02	INTEREST	\$0	\$0
<b>DEBT SERVICE Total</b>						<b>\$0</b>	<b>\$0</b>
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PROPERTY TAX CAP	Property Tax Cap Impact		Property Tax Cap Impact	\$2,574,179	\$2,574,179
<b>PROPERTY TAX CAP Total</b>						<b>\$2,574,179</b>	<b>\$2,574,179</b>
<b>NO DEPARTMENT Total</b>						<b>\$7,774,179</b>	<b>\$7,774,179</b>
<b>TOTAL 8201 - SPECIAL SANITARY GENERAL FUND</b>						<b>\$7,774,179</b>	<b>\$7,774,179</b>

## Budget Form 2 - Estimate of Miscellaneous Revenue

Year: 2020 County: Lake Unit: 0810 - Hammond Sanitary

### Fund: 8201 - SPECIAL SANITARY GENERAL

Revenue Code	Revenue Name	July 1 - December 31, 2019	January 1 - December 31, 2020
R112	Financial Institution Tax distribution	\$11,192	\$22,599
R114	Motor Vehicle/Aircraft Excise Tax Distribution	\$77,680	\$153,889
R135	Commercial Vehicle Excise Tax Distribution (CVET)	\$9,647	\$18,443
R906	Refunds and Reimbursements	\$0	\$10,000
R910	Transfers In - Transferred from Another Fund	\$846,341	\$1,500,000
R913	Other Receipts	\$3,957	\$50,000
<b>SPECIAL SANITARY GENERAL Total</b>		<b>\$948,817</b>	<b>\$1,754,931</b>

### BUDGET REPORT FOR

**Selected Year:** 2020  
**Selected County:** 45 - Lake County  
**Selected Unit:** 0810 - HAMMOND SANITARY  
**Selected Fund:** 8201 - SPECIAL SANITARY GENERAL

<b>DEPARTMENT: 0000 NO DEPARTMENT</b>		
	Advertised Amount	Adopted Amount
PERSONAL SERVICES	\$1,792,385	\$1,792,385
SUPPLIES	\$285,000	\$285,000
SERVICES AND CHARGES	\$2,772,615	\$2,772,615
CAPITAL OUTLAY	\$350,000	\$350,000
DEBT SERVICE	\$0	\$0
PROPERTY TAX CAPS	\$2,574,179	\$2,574,179
<b>Total</b>	<b>\$7,774,179</b>	<b>\$7,774,179</b>

**Totals by Fund** Published Amt: \$7,774,179 Adopted Amt: \$7,774,179

**Totals by Unit** Published Amt: \$16,920,449 Adopted Amt: \$16,920,449

#### Form Signature

**NAME**

**TITLE**

**SIGNATURE/PIN**

**DATE**

I hereby acknowledge that the submission of this document through the Gateway password and PIN system constitutes an "electronic signature" as defined in IC 5-24-2-2. This submission is intended to, and hereby does, constitute authentication and approval of the submitted document as required by the Indiana Code. I understand that this electronic signature takes the place of my handwritten signature and accomplishes the same purposes as would my handwritten signature in the same circumstance. I further acknowledge that this electronic signature has the same force and effect as my handwritten signature and can and will be used for all lawful purposes. I affirm that I have the real and apparent authority to electronically sign and submit this document on behalf of the unit.



**Budget Estimate- Financial Statement-Proposed Tax Rate**

**Taxing Unit:** 0810 - HAMMOND SANITARY  
**Fund Name:** 8201 - SPECIAL SANITARY GENERAL  
**County:** 45 - Lake County  
**Year:** 2020

<b>Net Assessed Value</b>		<b>\$3,280,581,864</b>	
<b>Funds Required For Expenses To December 31st Of Incoming Year</b>		<b>Amount Used To Compute Published Budget</b>	<b>Appropriating Body</b>
1. Total budget estimate for incoming year		\$7,774,179	\$7,774,179
a). School Transfer Out		\$0	\$0
2. Necessary expenditures, July 1 to December 31 of present year, to be made from appropriation unexpended		\$2,636,527	\$2,636,527
3. Additional appropriation necessary to be made July 1 to December 31 of present year		\$1,854,667	\$1,854,667
4. Outstanding temporary loans:			
a). To be paid not included in lines 2 or 3		\$0	\$0
b). Not repaid by December 31 of present year		\$0	\$0
5. <b>TOTAL FUNDS required</b> (add lines 1,2,3,4a and 4b)		\$12,265,373	\$12,265,373
<b>Funds On Hand To Be Received From Sources Other Than Proposed Tax Levy</b>		<b>Amount Used To Compute Published Budget</b>	<b>Appropriating Body</b>
6. Actual cash balance, June 30 of present year (including cash investments)		\$1,679,151	\$1,679,151
7. Taxes to be collected, present year (December settlement)		\$901,492	\$901,492
8. Miscellaneous revenue to be received July 1 of present year to December 31 of incoming year (Schedule on File):			
a). Total Column A Budget Form 2		\$948,817	\$948,817
b). Total Column B Budget Form 2		\$1,754,931	\$1,754,931
9. <b>TOTAL FUNDS</b> (Add lines 6, 7, 8a and 8b)		\$5,284,391	\$5,284,391
10. Net amount to be raised for expenses to December 31 of incoming year (deduct line 9 from 5)		\$6,980,982	\$6,980,982
<b>Proposed Tax Rate and Levy</b>		<b>Amount Used To Compute Published Budget</b>	<b>Appropriating Body</b>
11. Operating balance ( not in excess of expense January 1 to June 30, less miscellaneous revenue for same period)		(\$2,965,500)	(\$2,965,500)
12. Amount to be raised by tax levy (add lines 10 and 11)		\$4,015,482	\$4,015,482
13a. Property Tax Replacement Credit from Local Option Tax		\$0	\$0
13b. Operating LOIT		\$0	\$0
14. <b>NET AMOUNT TO BE RAISED BY TAX LEVY</b> (deduct line 13a and 13b from line 12)		\$4,015,482	\$4,015,482
15. Levy Excess Fund applied to current budget		\$0	\$0
16. Net amount to be raised		\$4,015,482	\$4,015,482
17. Net Tax Rate on each one hundred dollars of taxable property		0.1224	0.1224
<b>Property Tax Caps</b>		<b>Amount Used To Compute Published Budget</b>	<b>Appropriating Body</b>
Property Tax Cap Impact		\$2,574,179	\$2,574,179

## CURRENT YEAR FINANCIAL WORKSHEET

(Formerly Line 2 Worksheet)

**Selected Year:** 2020  
**Selected County:** 45 - Lake County  
**Selected Unit:** 0810 - HAMMOND SANITARY  
**Selected Fund:** 8280 - SPECIAL SANITARY DEBT SERVICE

<b>Line 2</b>	
<b>APPROPRIATIONS</b>	
1. Current Year Approved Budget	\$4,964,793
2. Encumbrances Brought Forward	\$0
3. Changes to Appropriations:	
a) Additional Appropriations (January to June)	\$791,649
b) Reductions January through June	\$0
4. Other Non-Appropriated Obligations	\$0
5. Total Approved Appropriations	\$5,756,442
<b>DISBURSEMENTS</b>	
6. January through June Current Year Disbursements	\$5,352,184
7. Appropriation Balance	\$404,258
8. Reductions July through December	\$0
9. Estimated Current Year Expenditures July through December	\$404,258
<b>Line 3</b>	
10. Proposed/Approved Additional Appropriations for July through Dec. of Current Year	\$0
<b>Line 4A</b>	
11. Levy excess not transferred prior to June 30	\$0
12. Temporary Loans outstanding as of June 30	\$1,850,000
What fund loaned the cash on Line 12:	TAW
13. Temporary loans not included in Lines 2 or 3	\$1,850,000
<b>Line 4B</b>	
14. Temp loans to be repaid in the first six months of ensuing year	\$0
What fund loaned the cash on Line 14:	
<b>Line 6</b>	
15. June 30 Cash Balance, including investments	\$3,934,510
<b>Line 7</b>	
16. Taxes to be collected, present year (December settlement)	\$3,390,135

### DEBT WORKSHEET

**Selected Year:** 2020  
**Selected County:** 45 - Lake County  
**Selected Unit:** 0810 - HAMMOND SANITARY  
**Selected Fund:** 8280 - SPECIAL SANITARY DEBT SERVICE

Name of Issue	Line 2 Due	Line 2 Amount	Line 1 Due	Line 1 Amount	Line 11A Due	Line 11A Amount	Line 11B Due	Line 11B Amount
Special Taxing District Bond Series 2018C	12/30/2019	\$259,103	12/30/2020	\$1,042,606	6/30/2021	\$433,878	12/30/2021	\$440,978
Special Taxing District Refunding Bonds, Series 2018 TOTAL	7/15/2019	\$1,138,725	7/15/2020	\$2,410,100	1/15/2021	\$1,270,250	7/15/2021	\$1,144,725
Special Taxing District Loan Series 2013A	7/15/2019	\$1,776,282	7/15/2020	\$3,558,592	1/15/2021	\$1,781,848	7/15/2021	\$1,779,886
Special Taxing District Bond Series 2015C	7/15/2019	\$330,724	7/15/2020	\$649,972	1/15/2021	\$324,156	7/15/2021	\$326,680
Special Taxing District Refunding Bonds Series 2014	7/15/2019	\$50,000	7/15/2020	\$1,385,000	1/15/2021	\$1,370,000	7/15/2021	\$17,063
Fees		\$45,655		\$100,000		\$0		\$0
<b>TOTALS BY FUND</b>		<b>\$3,600,489</b>		<b>\$9,146,270</b>		<b>\$5,180,132</b>		<b>\$3,709,332</b>

**Amount Available for Debt Service** \$3,709,332  
**Amount Available for Debt Service** \$3,709,332

**Form Signature**

**NAME** \_\_\_\_\_  
**TITLE** \_\_\_\_\_  
**SIGNATURE/PIN** \_\_\_\_\_  
**DATE** \_\_\_\_\_

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# Budget Form 1 - Budget Estimate

Year: 2020 County: Lake Unit: Hammond Sanitary

Fund	Department	Category	Sub-Category	Line Item Code	Line Item	Published	Adopted
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	SERVICES AND CHARGES	Other Services and Charges	438.04	Trustee Fees	\$7,100	\$7,100
<b>SERVICES AND CHARGES Total</b>						<b>\$7,100</b>	<b>\$7,100</b>
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Principal	438.01	PRINCIPAL	\$6,445,000	\$6,445,000
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Interest	438.02	2015C ADJ INT	\$100,000	\$100,000
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Interest	438.02	INTEREST	\$2,594,170	\$2,594,170
<b>DEBT SERVICE Total</b>						<b>\$9,139,170</b>	<b>\$9,139,170</b>
<b>NO DEPARTMENT Total</b>						<b>\$9,146,270</b>	<b>\$9,146,270</b>
<b>TOTAL 8280 - SPECIAL SANITARY DEBT SERVICE FUND</b>						<b>\$9,146,270</b>	<b>\$9,146,270</b>

### BUDGET REPORT FOR

**Selected Year:** 2020  
**Selected County:** 45 - Lake County  
**Selected Unit:** 0810 - HAMMOND SANITARY  
**Selected Fund:** 8280 - SPECIAL SANITARY DEBT SERVICE

<b>DEPARTMENT: 0000 NO DEPARTMENT</b>		
	Advertised Amount	Adopted Amount
PERSONAL SERVICES	\$0	\$0
SUPPLIES	\$0	\$0
SERVICES AND CHARGES	\$7,100	\$7,100
CAPITAL OUTLAY	\$0	\$0
DEBT SERVICE	\$9,139,170	\$9,139,170
PROPERTY TAX CAPS	\$0	\$0
<b>Total</b>	<b>\$9,146,270</b>	<b>\$9,146,270</b>

**Totals by Fund** Published Amt: \$9,146,270 Adopted Amt: \$9,146,270

Published Amt: \$9,146,270 Adopted Amt: \$9,146,270

#### Form Signature

**NAME**

**TITLE**

**SIGNATURE/PIN**

**DATE**

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**Budget Estimate- Financial Statement-Proposed Tax Rate**

**Taxing Unit:** 0810 - HAMMOND SANITARY  
**Fund Name:** 8201 - SPECIAL SANITARY GENERAL  
**County:** 45 - Lake County  
**Year:** 2020

<b>Net Assessed Value</b>		<b>\$3,280,581,864</b>	
<b>Funds Required For Expenses To December 31st Of Incoming Year</b>		<b>Amount Used To Compute Published Budget</b>	<b>Appropriating Body</b>
1. Total budget estimate for incoming year		\$7,774,179	\$7,774,179
a). School Transfer Out		\$0	\$0
2. Necessary expenditures, July 1 to December 31 of present year, to be made from appropriation unexpended		\$2,636,527	\$2,636,527
3. Additional appropriation necessary to be made July 1 to December 31 of present year		\$1,854,667	\$1,854,667
4. Outstanding temporary loans:			
a). To be paid not included in lines 2 or 3		\$0	\$0
b). Not repaid by December 31 of present year		\$0	\$0
5. <b>TOTAL FUNDS required</b> (add lines 1,2,3,4a and 4b)		<b>\$12,265,373</b>	<b>\$12,265,373</b>
<b>Funds On Hand To Be Received From Sources Other Than Proposed Tax Levy</b>		<b>Amount Used To Compute Published Budget</b>	<b>Appropriating Body</b>
6. Actual cash balance, June 30 of present year (including cash investments)		\$1,679,151	\$1,679,151
7. Taxes to be collected, present year (December settlement)		\$901,492	\$901,492
8. Miscellaneous revenue to be received July 1 of present year to December 31 of incoming year (Schedule on File):			
a). Total Column A Budget Form 2		\$948,817	\$948,817
b). Total Column B Budget Form 2		\$1,754,931	\$1,754,931
9. <b>TOTAL FUNDS</b> (Add lines 6, 7, 8a and 8b)		<b>\$5,284,391</b>	<b>\$5,284,391</b>
10. Net amount to be raised for expenses to December 31 of incoming year (deduct line 9 from 5)		\$6,980,982	\$6,980,982
<b>Proposed Tax Rate and Levy</b>		<b>Amount Used To Compute Published Budget</b>	<b>Appropriating Body</b>
11. Operating balance ( not in excess of expense January 1 to June 30, less miscellaneous revenue for same period)		(\$2,965,500)	(\$2,965,500)
12. Amount to be raised by tax levy (add lines 10 and 11)		\$4,015,482	\$4,015,482
13a. Property Tax Replacement Credit from Local Option Tax		\$0	\$0
13b. Operating LOIT		\$0	\$0
14. <b>NET AMOUNT TO BE RAISED BY TAX LEVY</b> (deduct line 13a and 13b from line 12)		<b>\$4,015,482</b>	<b>\$4,015,482</b>
15. Levy Excess Fund applied to current budget		\$0	\$0
16. Net amount to be raised		\$4,015,482	\$4,015,482
17. Net Tax Rate on each one hundred dollars of taxable property		0.1224	0.1224
<b>Property Tax Caps</b>		<b>Amount Used To Compute Published Budget</b>	<b>Appropriating Body</b>
Property Tax Cap Impact		\$2,574,179	\$2,574,179

## NOTICE TO TAXPAYERS

The **Notice to Taxpayers** is available online at [www.budgetnotices.in.gov](http://www.budgetnotices.in.gov) or by calling (888) 739-9826.

Complete details of budget estimates by fund and/or department may be seen by visiting the office of this unit of government at **Hammond Sanitary District**.

Notice is hereby given to taxpayers of **HAMMOND SANITARY, Lake County, Indiana** that the proper officers of **Hammond City Council** will conduct a public hearing on the year **2020** budget. Following this meeting, any ten or more taxpayers may object to a budget, tax rate, or tax levy by filing an objection petition with the proper officers of **Hammond City Council** not more than seven days after the hearing. The objection petition must identify the provisions of the budget, tax rate, or tax levy to which taxpayers object. If a petition is filed, **Hammond City Council** shall adopt with the budget a finding concerning the objections in the petition and testimony presented. Following the aforementioned hearing, the proper officers of **Hammond City Council** will meet to adopt the following budget:

Public Hearing Date	Monday, October 07, 2019
Public Hearing Time	6:00 PM
Public Hearing Location	5925 Calumet Avenue 2nd Floor, Hammond, IN 46320

Adoption Meeting Date	Monday, October 21, 2019
Adoption Meeting Time	6:00 PM
Adoption Meeting Location	5925 Calumet Avenue 2nd Floor, Hammond, IN 46320

Estimated Civil Max Levy	\$3,650,438
Property Tax Cap Credit Estimate	\$2,574,179

1 Fund Name	2 Budget Estimate	3 Maximum Estimated Funds to be Raised (including appeals and levies exempt from maximum levy limitations)	4 Excessive Levy Appeals	5 Current Tax Levy	6 Levy Percentage Difference (Column 3 / Column 5)
8201-SPECIAL SANITARY GENERAL	\$5,200,000	\$4,015,482	\$0	\$3,407,946	17.83%
8280-SPECIAL SANITARY DEBT SERVICE	\$9,146,270	\$10,556,870	\$0	\$4,538,781	132.59%
8284-SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	\$0	\$0	\$0	\$2,747,970	-100.00%
<b>Totals</b>	<b>\$14,346,270</b>	<b>\$14,572,352</b>	<b>\$0</b>	<b>\$10,694,697</b>	