

\_\_\_\_\_  
Entity Name

To: **The Hancock County Auditor  
Secretary to the Budget Commission  
Hancock County, Ohio**

Re: **Amended Certificate**

**Please amend our Certificate of Estimated Resources for the following fund(s):**

(1) Fund: \_\_\_\_\_

**Fund Number & Fund Name**

Current Balance \_\_\_\_\_

Increase/Decrease \_\_\_\_\_

New Fund Balance \_\_\_\_\_

Explanation: \_\_\_\_\_

Documentation Attached: \_\_\_\_\_

(2) Fund: \_\_\_\_\_

**Fund Number & Fund Name**

Current Balance \_\_\_\_\_

Increase/Decrease \_\_\_\_\_

New Fund Balance \_\_\_\_\_

Explanation: \_\_\_\_\_

Documentation Attached: \_\_\_\_\_

(3) Fund: \_\_\_\_\_

**Fund Number & Fund Name**

Current Balance \_\_\_\_\_

Increase/Decrease \_\_\_\_\_

New Fund Balance \_\_\_\_\_

Explanation: \_\_\_\_\_

Documentation Attached: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clerk