

RESOLUTION 91-82

WHEREAS the Department of Emergency Services received monies for reimbursement of equipment not returned by patients.

WHEREAS these revenues were not anticipated in the 1990/91 budget for the General Fund.

BE IT THEREFORE resolved by the Board of County Commissioners, Nassau County, Florida in regular session, duly assembled on the 13th day of May, 1991, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

REVENUE

001-342-600-101 Fees-Ambulance Service \$ 250.00

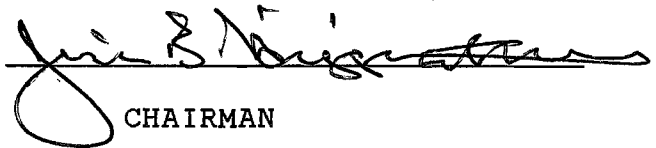
APROPRIATION

001-161-64-101 Equipment \$ 250.00

ADOPTED this 13th day of May, 1991.

ATTEST:

  
EX-OFFICIO CLERK

  
CHAIRMAN



NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS  
**DEPARTMENT OF EMERGENCY SERVICES**

NASSAU COUNTY OFFICE ANNEX  
11 North 14th Street, Box 12  
Fernandina Beach, Florida 32034-0494



ARMON C. SUMMERALL  
Director

M E M O R A N D U M

DIVISIONS

- Civil Defense
- Communications
- Emergency Medical Services
- Fire
- Fuel Allocation
- Water Safety

TO: CATHY LEWIS, FINANCE DIRECTOR

FROM: ARMON C. SUMMERALL, DIRECTOR *AS*

RE: MONEY COLLECTED FOR EQUIPMENT

DATE: APRIL 30, 1991

(904) 261-6612  
 (904) 879-3300  
 Suncom 821-5227  
 Emergency Dial 911  
 (904) 261-5962

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THE FOLLOWING MONEY WAS RECEIVED BY THE DEPARTMENT OF EMERGENCY SERVICES FOR SPINAL IMMOBILIZATION EQUIPMENT NOT RETURNED BY AREA HOSPITALS.

PATIENT'S INSURANCE COMPANY: ITT HARTFORD

CHECK DATE: 4/15/91 CHECK NUMBER: 116861850

AMOUNT COLLECTED: \$250.00

DEPOSIT WAS MADE BY THE DEPARTMENT OF EMERGENCY SERVICES ON APRIL 18, 1991

PLEASE PLACE THESE FUNDS IN ACCOUNT #001-161-64-101

FINANCE DEPT.

1 MAY 91 12:45

535	KAF	63569	GANUS, CLARENCE & MABEL		
Policy Number			Claimant/Principal Name		
55	PH	295591	GANUS, CLARENCE		
Issue Date			Number		
041591	061	EXTENDED PIP	116861850		
Issue Off. Code			CD		
061			0		
Type Pay		Oper. I.D.	A.I.	Key File Claim Number	Loss Date
F		EAB	EAB	535 KAF 63569	020291
Agency Name					



MUST BE PRESENTED WITHIN 60 DAYS

**ITT HARTFORD**

**PAY**  
FOUR HUNDRED NINETY ONE AND NO/100

DOLLARS

\$XXXXXXXXXX491.00

Connecticut Bank & Trust, Co.

TO THE ORDER OF

TR 4

DEPARTMENT OF PUBLIC SAFETY  
11 N 14TH ST. BOX 12  
FERNANDINA BCH. FL 32034

*James E Taylor*  
Authorized Signature

Issuing Office Name: JACKSONVILLE, FL

⑈116861850⑈ ⑆011900571⑆ 133500 6⑈

HANDLING ID

DEPARTMENT OF PUBLIC SAFETY  
11 N 14TH ST. BOX 12  
FERNANDINA BCH. FL 32034