

RESOLUTION 92- 133

WHEREAS the General Fund has received insurance proceeds from an accident involving an ambulance.

WHEREAS these revenues were not anticipated in the 1991/92 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 14th day of September, 1992, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

REVENUE

001-364-420-101	Insurance Proceeds	\$ 4,596.00
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APROPRIATION

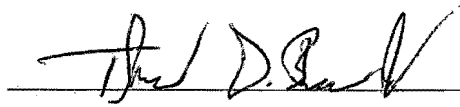
001-161-46-301	Repairs/Maintenance-Equipment	\$ 4,596.00
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ADOPTED this 14th day of September, 1992.

ATTEST:

JJ Gleason by
Joanna Cason D.C.

EX-OFFICIO CLERK


CHAIRMAN

**Auto-Owners Insurance**

LANSING, MICH. 48909

1-1554389

CLAIM NUMBER 420337792	DATE OF LOSS 07/17/92	DATE PAID 08/12/92	AMOUNT PAID *****4,596.08	DRAFT NUMBER 1554389
NAME OF INSURED NASSAU COUNTY BOARD OF COUNTY			POLICY NUMBER 850212 20203511	
SERVICING AGENT JOHN T. FERREIRA INSURANCE, INC. P.O. BOX 777 FERNANDINA BEACH FL 32034			CAUSE OF LOSS/INJURY CODE	
NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS ETAL PO BOX 456 FERNANDINA BEACH FL 32034			CHARGE TO COVERAGE 005 RCOL	
			TRANS 5 0 00	

COPY

001-364-420-101

NON - NEGOTIABLE

FIELD DRAFTS ONLY	TOTAL LOSS YES NO	SALVAGE DUE YES NO	SUBROGATION YES NO	CLOSE COVERAGE YES NO	CLOSE FILE YES NO
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**Auto-Owners Insurance**

LANSING, MICHIGAN 48909

AUTO-OWNERS INS. CO.

9-80
720CLAIMS DRAFT
PAYABLE THROUGH
MICHIGAN NATIONAL BANK
LANSING, MICH.DRAFT NO
DATE:

1-1554389

08/12/92

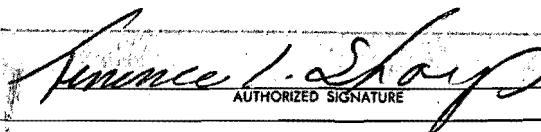
AT SIGHT
PAY TO THE
ORDER OFNASSAU COUNTY BOARD OF COUNTY
COMMISSIONERS ETAL

FOUR THOUSAND FIVE HUNDRED NINETY-SIX AND 08/100 DOLLARS

CLAIM NUMBER 420337792	DATE OF LOSS 07/17/92	AGENT 12147
NAME OF INSURED NASSAU COUNTY BOARD OF COUNTY		
EMPLOYER OR SS NUMBER	POLICY NUMBER 850212 20203511	

VOID IF NOT CASHED
WITHIN ONE YEAR

\$ *****4,596.08


 AUTHORIZED SIGNATURE
IN PAYMENT OF
RCOL

⑈ 11554389 ⑈ ⑆072000805⑆ 1933 3093 ⑈0⑈ 779

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

RF
Exp 001-161-420-101
Rec 001-364-420-101 IF
3-m-3

18720 (3-90)

PAS**Piersol Appraisal Service, Inc.**

BRANCH OFFICE

Orlando

PHONE NO.

6045-2898

FILE NO.

*05738**Nassau County*

Insured

Date

*7-28-92**Bx 456 Fernside in Bk.**42-3377-92**7-17-92*

<i>Ford</i>	<i>Turk</i>	<i>F350</i>	<i>4445</i>	<i>80854</i>	<i>Rel. 2.0</i>	<i>FDK F37MXNNA1016</i>
P/B ☒	P/B ☒	Pact. A/C ☒	Under Dash A/C ☐	Radio ☐	AM/FM ☐	Stereo ☐
A/T ☒	A ☐	A ☐	Floor Shift ☐	1st Rng. ☐	Eng. Cyl. ☐	Other Equip. ☐

Category	Repair and/or Replacement to be Made	Paint	Labor	Parts Prices	Sublet & Misc. Items
☒	<i>Rt fender</i>	<i>3.7</i>	<i>2.8</i>	<i>151.55</i>	
☒	<i>" door</i>	<i>3.5</i>	<i>3.5</i>	<i>281.12</i>	
☒	<i>" glass</i>			<i>256.75</i>	
☒	<i>" mirror</i>		<i>1.00</i>	<i>48.00</i>	
☒	<i>Rt diamond plate skirt rail run</i>		<i>.5</i>		<i>85.00</i>
☒	<i>" " " " " " " " " "</i>		<i>.5</i>		<i>95.00</i>
☒	<i>" rear fender cutt</i>		<i>1.0</i>		<i>45.00</i>
☒	<i>" diamond plate running board</i>		<i>1.0</i>		<i>105.00</i>
☒	<i>" " " " " " " " " "</i>		<i>.5</i>		<i>20.00</i>
☒	<i>" " " " " " " " " "</i>		<i>19.0</i>		<i>48.00</i>
☒	<i>Rt + inside cabinet shelves & access</i>		<i>6.5</i>		
☒	<i>Rt front door compartment hinge</i>		<i>1.0</i>		<i>32.00</i>
☒	<i>" " " " " " " " " "</i>		<i>1.0</i>		<i>24.00</i>
☒	<i>" " " " " " " " " "</i>		<i>.5</i>		<i>6.00</i>
☒	<i>Rt side panel front</i>		<i>12.0</i>		
☒	<i>" " " " " " " " " "</i>		<i>2.0</i>		
☒	<i>" rear Compst. door</i>		<i>1.0</i>		
☒	<i>Rt + Rt side cabinets (Access)</i>		<i>8.0</i>		
☒	<i>Body seams to cab</i>		<i>2.0</i>		
☒	<i>Repaint Rt side (2 tone)</i>	<i>20.0</i>	<i>20.0</i>		<i>165.00</i>
	<i>Refinish 2nd</i>		<i>7.2</i>		<i>86.40</i>
	<i>2 tone</i>		<i>3.0</i>		

Damage - Not Included in Total

Category	Estimate	Part	Paint
LABOR	<i>43.0 HRS.</i>	<i>40</i>	<i>\$ 3750.00</i>
PARTS	<i>37.42 LESS 10%</i>	<i>10</i>	<i>\$ 463.68</i>
NPY & RUBLET			<i>\$ 712.46</i>
WRECKER & STORAGE			<i>\$</i>
TAX			<i>\$ 35.00</i>
APPRaisal TOTAL			<i>\$ 5096.08</i>

I, the undersigned, hereby certify that the above is a true and correct statement of the work done and the materials used, and that the same is in accordance with the contract made between me and the client.

Don Van
Aero
 Address *708 Industrial Ave*
 Phone No. *331-0944*
 City *Orlando*
 State *FL*
 Zip *32801*

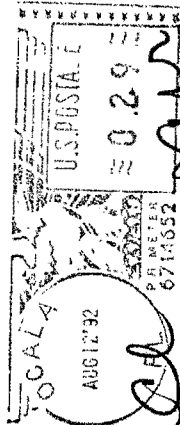
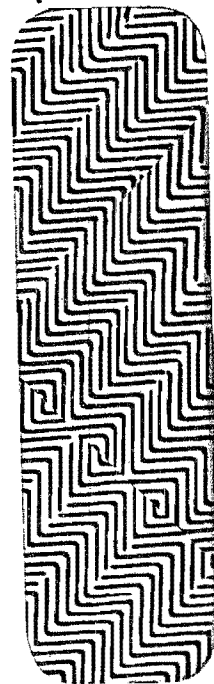
Longwood
 Address *18*
 City *Orlando*
 State *FL*
 Zip *32801*

80169 (6-92)



P.O. Box 3200, Ocala, FL 34478-3200

Cindy



Financial report

This is for R-1500 call
work order \$500
deduction \$500

OK

