

Lawrence County
Request for Additional Appropriation
(Please complete all information)

FILED

DEC 30 2025

Martha S. Arnold-Turner
LAWRENCE COUNTY AUDITOR

1. Department: *Sheriff's office*
2. Department Head: *Dreg Day*
3. Fund Number: *1000. 44100. 0005*
(include line and location e.g. 1000.11100.0002)

4. Fund Name: *General*

5. This is a request for an additional appropriation of \$ *21,245.66*

6. Date of Council consideration: *January 27, 2026*

7. Amount Budgeted For current year	Amount Spent to date	Additional/Transfers
\$ -0-	\$ -0-	\$ <i>44,000.00</i> <i>30,700.00</i> (will use RDC Funds)

8. Current Balance: *74,700.00*

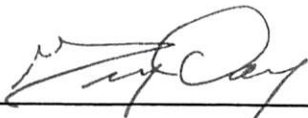
9. Justification for request: *Insurance pd total loss settlement*

10. What options are available? - *VIN # 1C4SDJFT5PC590807*

11. How will this affect your future budget? -

12. Does this affect the total number of personnel: (Y or N)

13. If this is an additional position, please attach a job description (Y or N)



Signature of Department Head

JAN 02 2026

Date

These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

Lawrence County
Request for Additional Appropriation
(Please complete all information)

FILED

JAN 02 2026

Martha A. Arnold-Turner
LAWRENCE COUNTY AUDITOR

1. Department: Plat Book
2. Department Head: Martha Turner
3. Fund Number: 1181-39200-00000-0000
(include line and location e.g. 1000.11100.0002)
4. Fund Name: Plat Book
5. This is a request for an additional appropriation of \$25,443.50
6. Date of Council consideration: 01/27/2026
7.

Amount Budgeted For current year	Amount Spent to date	Additional/Transfers
\$	\$	\$
8. Current Balance: \$183,403.80
9. Justification for request: Moved paying MVP Tax Software out of County General and into Plat Book
10. What options are available?
11. How will this affect your future budget?
12. Does this affect the total number of personnel: (Y or N)
13. If this is an additional position, please attach a job description (Y or N)

Martha Arnold-Turner 1/2/2026
Signature of Department Head Date

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Auditor

Revision 2024-April

Date

Lawrence County
Request for Additional Appropriation
(Please complete all information)

1. Department: Statewide Emergency Management Fund 4921

2. Department Head: Valerie Luchauer

3. Fund Number: 4921.35202.00000

4. Fund Name: Emergency Management

5. This is a request for an additional appropriation of \$30,000

6. Date of Council consideration: January 2026

7. Amount Budgeted For current year	Amount Spent to date	Additional Transfers
\$8200	\$ 0	\$0

8. Current Balance: \$ 8200.00

9. Justification for request: New roof and paint needed on Emergency

Communications Radio Tower control room. Quote was provided December 2025
after budget process.

10. What options are available? Further ruin to current equipment which will be costly
to replace

11. How will this affect your future budget? No

12. Does this affect the total number of personnel: (Y or N)

13. If this is an additional position, please attach a job description (Y or N)

Valerie Luchauer

12/17/2025

Signature of Department Head

Date

These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

FILED

DEC 17 2025

Martha A. Arnold-Turner
LAWRENCE COUNTY AUDITOR

Lawrence County
Request for Additional Appropriation
(Please complete all information)

FILED

DEC 30 2025

Martha A. Arnold-Turner
LAWRENCE COUNTY AUDITOR

1. Department: *Sheriff's office*
2. Department Head: *Greg Day*
3. Fund Number: *1170, 37400*

(include line and location e.g. 1000.11100.0002) *Inmate Medical*

4. Fund Name: *LIT Public Safety*
5. This is a request for an additional appropriation of \$ *32,500.⁰⁰*
6. Date of Council consideration: *January 27, 2026*

7. Amount Budgeted For current year	Amount Spent to date	Additional/Transfers
\$ <i>340,000.⁰⁰</i>	\$ <i>30,342.¹⁹</i>	\$ <i>—</i>

8. Current Balance: *309,657.⁸¹*

9. Justification for request: *2026 opioid payout*

10. What options are available? *—*

11. How will this affect your future budget? *—*

12. Does this affect the total number of personnel: (Y or N)

13. If this is an additional position, please attach a job description (Y or N)

Greg Day

Signature of Department Head

JAN 02 2026

Date

These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date