STATE OF INDIANA -

DEPARTMENT OF LOCAL GOVERNMENT FINANCE

Data option and name the file.



INDIANA GOVERNMENT CENTER NORTH 100 NORTH SENATE AVENUE N1058(B) INDIANAPOLIS, IN 46204 PHONE (317) 232-3777 FAX (317) 974-1629

BUDGET WORKSHOP UPLOAD AUTHORIZATION FORM

Name of Delegating Official (person giving rights):

Name of Unit:	County:
of information through the Gateway websit	rsuant to the authority vested in me for the submission ite on behalf of the Unit, hereby delegate to the ("Department") the following authority for the limited
data provided to the Department du following: • Current Year Financial Wor • Form 2: Miscellaneous Rev • Form 3: Notice to Taxpayer	venue
 This Delegation shall expire on Oct my written revocation of the Delegation 	tober 15, 2024, or upon the Department's receipt of gation, whichever occurs first.
Indiana Code and that I remain responsible submission of all information. I agree to he result of any error in data uploaded or enter	ot affect the Unit's duties or responsibilities under the e for the accuracy, completeness, timeliness, and old the Department harmless for any liability as a cred occurring during the upload process, or in any accted with this Delegation. I hereby represent that I in this Delegation.
IN WITNESS WHEREOF, I have hereunted	so set my hand this day of, 2024
(Signature of Delegating Official) Upon signing, this form shall be submitted	(Printed Name and Title of Delegating Official)
	I to the Department using the Gateway Budget and Other Documents". Select the Budget Workshop