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 given	/ing rights):
Name of Unit:		County:
of info	rmation through the Gateway we	bursuant to the authority vested in me for the submission besite on behalf of the Unit, hereby delegate to the ace ("Department") the following authority for the limited:
1.	provided to the Department duri following: • Current Year Financial V • Form 2: Miscellaneous R • Form 3: Notice to Taxpa	Levenue
2.	This Delegation shall expire on October 15, 2025, or upon the Department's receipt of my written revocation of the Delegation, whichever occurs first.	
Indiana submis result of action	a Code and that I remain responsi- ssion of all information. I agree to of any error in data uploaded or en	not affect the Unit's duties or responsibilities under the ble for the accuracy, completeness, timeliness, and hold the Department harmless for any liability as a intered occurring during the upload process, or in any innected with this Delegation. I hereby represent that I sign this Delegation.
IN WI	TNESS WHEREOF, I have hereu	anto set my hand this day of, 2025.
(Signat	ture of Delegating Official)	(Printed Name and Title of Delegating Official)
-		ted to the Department using the Gateway Budget 4 and Other Documents". Select the Budget Workshop