

DRAINAGE CLAIMS REGISTRATION

2/11/2026

Sch. Pay Date	Claimant	Appropriation	Amount Claimed
2/19/2026	Butler Masonry INC	2700	\$3,995.00
2/19/2026	Butler Masonry INC	2700	\$1,960.00
2/19/2026	Butler Masonry INC	2700	\$5,880.00
2/19/2026	Butler Masonry INC	2700	\$1,715.00
2/19/2026	JJC Excavating	2700	\$5,470.00
2/19/2026	JJC Excavating	2700	\$6,705.60
2/19/2026	Wildlife Solutions	2700	\$1,520.00
2/19/2026	Banning Engineering	2700	\$7,000.00
2/19/2026	Gannett Indiana-Kentucky	2700	\$30.40
2/19/2026	Dague Builders	2700	\$675.50
2/19/2026	Dague Builders	2700	\$825.90
2/19/2026	Dague Builders	2700	\$593.50

Total

\$36,370.90

GENERAL DRAINAGE IMPROVEMENT

We have examined the vouchers listed on the foregoing "Accounts Payable Register" consisting of one (1) page, and approve the

\$36,370.90

same, and such vouchers are hereby allowed in the total amount of

[Handwritten signatures]

Dated this 11th day of February, 2026.

ACCOUNTS PAYABLE VOUCHER

DELAWARE COUNTY, INDIANA

VOUCHER# _____

WARRANT# _____

An invoice or bill to be itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

<div>Payee</div> <div> <div> <div> DAGUE BUILDERS SUPPLY </div> <div> 400 E. KIRBY AVENUE </div> <div> MUNCIE IN 47302 </div> </div> </div>	<div>Purchase Order</div> <div> <div> <div>PO #</div> <div>#097 WHITE RIVER SOUTHWEST</div> </div> <div> <div>Terms</div> <div>MONROE TOWNSHIP</div> </div> <div> <div>Date Due</div> <div>02/06/2026</div> </div> </div>
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Invoice Date	Invoice Number	Description	Amount
01/22/2026	125528	REPAIRED BROKEN TILE	\$825.90
		#40 NO NAME CREEK	
		2700-000-5-90300-000	
		WO# 7412	
TOTAL			\$825.90

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received EXCEPT _____

01/22/2026	 Signature	SURVEYOR	COUNTY SURVEYOR
Mo. Day Yr.		Title	Department

COST DISTRIBUTION LEDGER CLASSIFICATION IF
CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

\$825.90

ON ACCOUNT OF APPROPRIATION FOR

[illegible]

ALLOWED 02/06/2026
Mo. Day Yr.

IN THE SUM OF 825.00

I hereby certify that the attached invoice(s), or bill(s) is (are) true and correct and I have audited same in accordance with I C 5-11-10-2.

Date _____
Mo. Day Yr.

Board of County Commissioners

County Auditor

400 East Kirby Ave
Muncie, IN 47302
PH (765) 288-9974



Date	Invoice #
1/22/2026	125528

Delaware County Surveyors
100 W Main ST Room 203
Muncie, IN 47305
WO #7412 Schneider
400 S Cowan Road

P.O. No.	Terms
7527	Net 30

Item	Qty	Description	Rate	Amount
15" Solid Dual Wall	40	15" Solid Dual Wall Drain Tile	9.00	360.00
15" Dual Wall Wye	1	15" Dual Wall Wye Fitting	270.00	270.00
15" Dual Wall 22	1	15" Dual Wall 22 Degree Elbow	85.95	85.95
15" Split Coupler	4	15" Drain Tile Split Coupler SINGLE WALL	19.50	78.00
15" Adapter	1	15" Drain Tile Clay Adapter SINGLE WALL	31.95	31.95

X

Joe S.

Subtotal	\$825.90
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Sales Tax (0.0%)	\$0.00
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Total	\$825.90
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PURCHASE ORDER

7527

TO Dague SHIP TO WD# 7412
 ADDRESS Schneider ADDRESS _____
 CITY _____ CITY _____

FOR		REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE	
QUANTITY		PLEASE SUPPLY ITEMS LISTED BELOW				PRICE	UNIT
ORDERED	RECEIVED						
1	40	15" Solid Dual Wall Drain Tile				9 00	
2	1	15" Dual Wall Wye Fitting				210 -	
3	1	15" Dual Wall 22 Degree Elbow				85 95	
4	1	15" Drain Tile Split Coupler Single Wall				19 50	
5	1	15" Drain Tile Clay Adapter Single Wall				31 95	
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED

PLEASE SEND

COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

ACCOUNTS PAYABLE VOUCHER

DELAWARE COUNTY, INDIANA

VOUCHER# _____

WARRANT# _____

An invoice or bill to be itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee DAGUE BUILDERS SUPPLY 400 E. KIRBY AVENUE MUNCIE IN 47302	Purchase Order #097 WHITE RIVER SOUTHWEST SALEM TOWNSHIP 02/06/2026
PO # Terms Date Due	#097 WHITE RIVER SOUTHWEST SALEM TOWNSHIP 02/06/2026

Invoice Date	Invoice Number	Description	Amount
01/14/2026	125507	REPAIRED BROKEN TILE	\$593.50
		#20535 RINKER	
		2700-000-5-90300-000	
		WO# 7478	
TOTAL			\$593.50

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received EXCEPT _____

01/14/2026		SURVEYOR	COUNTY SURVEYOR
Mo. Day Yr.	Signature	Title	Department

COST DISTRIBUTION LEDGER CLASSIFICATION IF
CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

\$593.50
ON ACCOUNT OF APPROPRIATION FOR

Account Number	Account Title	Amount
2700-000-5-90300-000	OTHER SERVICES AND SUPPLIES	\$593.50

ALLOWED 02/06/2026
Mo. Day Yr.

IN THE SUM OF \$ 593.50

I hereby certify that the attached invoice(s), or bill(s) is (are) true and correct and I have audited same in accordance with I C 5-11-10-2.

Date _____
Mo. Day Yr.

Board of County Commissioners

County Auditor

400 East Kirby Ave
Muncie, IN 47302
PH (765) 288-9974



Date	Invoice #
1/14/2026	125507

Delaware County Surveyors
100 W Main ST Room 203
Muncie, IN 47305
WO #7478 Butler

P.O. No.	Terms
7559	Net 30

Item	Qty	Description	Rate	Amount
18" Perf Dual Wall ConcMix	40	18" Perforated Dual Wall Drain Tile	13.75	550.00
	6	Bags Sakrete Concrete Mix 80# 5000 PLUS	7.25	43.50

Total	\$593.50
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X

DELAWARE COUNTY SURVEYOR'S OFFICE

COUNTY BUILDING 100 W MAIN ST ROOM 203 MUNCIE INDIANA 47305 OFFICE PHONE: 765-747-7806

LEGAL DRAIN MAINTENANCE

WORK ORDER NO: **7478**

REPORTED BY: DIANA FORRESTER-MIKE BROWN PHONE: 765-621-0893 DATE: 11/7/2025
JOB ADDRESS: 13690 W DALEVILLE - DALEVILLE IN PROBLEM: MIKE BROWN CAME IN AND TURNED THIS CO

FIELD NOTES:

TWP: SALEM

WATERSHED NO 97 WHITE RIVER SOUTHWEST

DRAIN NAME: Rinker #20535

FIELD INSPECTION MADE - DATE: 12/5/2025 BY: TOM BORCHERS & STAN WILLIS

DATE AWARDED: 12/5/2025 PRIORITY: _____

TO CONTRACTOR: BMI - BUTLER MASONRY NOTICE TO PROCEED

BY: STAN WILLIS

FINAL FIELD INSPECTION BY: _____ DATE: 12/5/2025

MISC. NOTES: _____

TILE INSTALLED: _____ FIELD MEASUREMENT: _____

CONC. WORK: _____

GENERAL FINISH NOTES: _____

STATUS: ACTIVE

JOB COST: \$0.00

PURCHASE ORDER

7559

WO # 7478

BMT

TO _____ SHIP TO _____

ADDRESS _____ ADDRESS _____

CITY _____ CITY _____

FOR <i>Butter</i>		REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE <i>1-14-2026</i>	
	QUANTITY		PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT		
	ORDERED	RECEIVED					
1							
2							
3		<i>404.</i>	<i>18" PERK AQUAC WALL</i>		<i>13 75</i>		
4		<i>6</i>	<i>SARKOTE</i>		<i>7 25</i>		
5							
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16							
17							

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED

PLEASE SEND

COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

ACCOUNTS PAYABLE VOUCHER
DELAWARE COUNTY, INDIANA

VOUCHER# _____

WARRANT# _____

An invoice or bill to be itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

<div>Payee</div> <div> <div> DAGUE BUILDERS SUPPLY </div> <div> 400 E. KIRBY AVENUE </div> <div> MUNCIE IN 47302 </div> </div>	<div>Purchase Order</div> <div> <div> PO # </div> <div> #097 WHITE RIVER SOUTHWEST </div> </div> <div> <div> Terms </div> <div> MONROE TOWNSHIP </div> </div> <div> <div> Date Due </div> <div> 02/06/2026 </div> </div>
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Invoice Date	Invoice Number	Description	Amount
01/08/2026	125475	REPAIRED BROKEN TILE/SINKHOLE	\$675.51
		#40 NO NAME CREEK	
		2700-000-5-90300-000	
		WO# 7412	
TOTAL			\$675.51

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received EXCEPT _____

01/08/2026		SURVEYOR	COUNTY SURVEYOR
Mo. Day Yr.	Signature	Title	Department

COST DISTRIBUTION LEDGER CLASSIFICATION IF
CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

\$675.51

ON ACCOUNT OF APPROPRIATION FOR

[illegible]

ALLOWED 02/06/2026
Mo. Day Yr.

I hereby certify that the attached invoice(s), or bill(s) is (are) true and correct and I have audited same in accordance with I C 5-11-10-2.

IN THE SUM OF \$ 75.51
Henry K. Rizzo

Date _____
Mo. Day Yr.

Board of County Commissioners

County Auditor

Dague Builders Supply

400 East Kirby Ave
Muncie, IN 47302
PH (765) 288-9974



Invoice

Date	Invoice #
1/8/2026	125475

Bill To
Delaware County Surveyors 100 W Main ST Room 203 Muncie, IN 47305 WO # 7412

P.O. No.	Terms
7558	Net 30

Item	Qty	Description	Rate	Amount
15" Perf Dual Wall	40	15" Perforated Dual Wall Drain Tile	9.00	360.00
15-12DWRED	1	15" to 12" Dual Wall Reducer	129.81	129.81
15" Split Coupler	1	15" Drain Tile Split Coupler SINGLE WALL	19.50	19.50
12" Split Coupler	1	12" Drain Tile Split Coupler SINGLE WALL	13.50	13.50
15" Adapter	1	15" Drain Tile Clay Adapter SINGLE WALL	31.95	31.95
ConcMix	3	Bags Sakrete Concrete Mix 80# 5000 PLUS	7.25	21.75
135N3x360	1	3' x 360' 135N Geotextile Fabric Propex 311	99.00	99.00

X

Joe Sc.

Subtotal \$675.51

Sales Tax (0.0%) \$0.00

Total \$675.51

PURCHASE ORDER

7558

WO # 7412

TO SCHNEIDER

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

FOR <i>BE SCHNEIDER</i>		REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE <i>1-8-26</i>		
	QUANTITY		PLEASE SUPPLY ITEMS LISTED BELOW			PRICE		UNIT
	ORDERED	RECEIVED						
1								
2		<i>40.</i>	<i>15" PEAR ADUAL WALL</i>			<i>900</i>		
3		<i>1542</i>	<i>REDUCER</i>			<i>12981</i>		
4		<i>1</i>	<i>15" SPUR CAPER</i>			<i>1950</i>		
5		<i>1</i>	<i>12 1/2" SPURT "</i>			<i>1350</i>		
6		<i>1</i>	<i>15" CITY ADAPTER</i>			<i>3195</i>		
7		<i>3</i>	<i>SAREX</i>			<i>725</i>		
8		<i>1</i>	<i>ECO- FABRIC</i>			<i>9900</i>		
9								
10								
11								
12								
13								
14								
15								
16								
17								

IMPORTANT

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PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED

PLEASE SEND

COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

ACCOUNTS PAYABLE VOUCHER

VOUCHER# _____

DELAWARE COUNTY, INDIANA

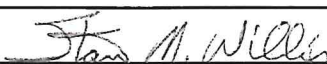
WARRANT# _____

An invoice or bill to be itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee WILDLIFE SOLUTIONS 5091 WEST CR 500 SOUTH MUNCIE IN 47302	Purchase Order #097 WHITE RIVER SOUTHWEST MONROE TOWNSHIP 01/12/2026
PO #	
Terms	
Date Due	

Invoice Date	Invoice Number	Description	Amount
01/12/2026	01122026	REMOVED BEAVER DAM AND THREE BEAVER	\$1,520.00
		GIBSON DITCH #4111	
		2700-000-5-90300-0	
		WO # 7482	
TOTAL			\$1,520.00

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received EXCEPT _____

01/12/2026		DEPUTY SURVEYOR	SURVEYOR
Mo. Day Yr.	Signature	Title	Department

COST DISTRIBUTION LEDGER CLASSIFICATION IF
CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

\$1,520.00

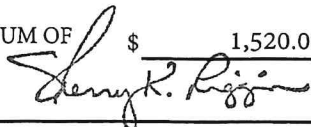
ON ACCOUNT OF APPROPRIATION FOR

Account Number	Account Title	Amount
2700-000-5-90300-0	OTHER SERVICES AND SUPPLIES	\$1,520.00
	WO# 7482	

ALLOWED 01/12/2026
Mo. Day Yr.

I hereby certify that the attached invoice(s), or bill(s) is (are)
true and correct and I have audited same in accordance with
I C 5-11-10-2.

IN THE SUM OF \$ 1,520.00



Date _____
Mo. Day Yr.



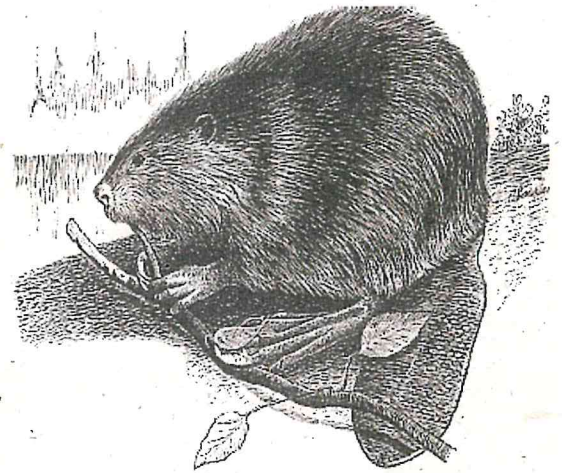
Board of County Commissioners

County Auditor

Wildlife Solutions

Animal Damage Control

ccadns@comcast.net



INVOICE

TO: Delaware County Surveyor

Miles: 112

Work order 7482

Location 700 south, 200 east

Drain Gibson #4111

Complaint Beaver-dam at tube

DATE	DESCRIPTION	TOTAL
1/5	Inspection of site	95.
1/6 thru 1/11	Three (3) beaver removed	225.
1/12	Dam removed	1200.

Moved alot of water, be blessed

TOTAL DUE \$1520

THANK YOU FOR YOUR BUSINESS!

Thanks
[Signature]

Kevin Smith

5091 West CR 500 South Muncie, IN 47302 (765) 760.7981 30 Years Experience/Licensed and Insured

COUNTY BUILDING 100 W MAIN ST ROOM 203 MUNCIE INDIANA 47305 OFFICE PHONE: 765-747-7806

WORK ORDER NO: **7482**

WATERSHED NO 97 WHITE RIVER SOUTHWEST DRAIN NAME: Gibson #4111

STATUS: **ACTIVE** JOB COST: **\$0.00**

DELAWARE COUNTY SURVEYOR'S OFFICE

COUNTY BUILDING 100 W MAIN ST ROOM 203 MUNCIE INDIANA 47305 OFFICE PHONE: 765-747-7806

COMPLAINT INFORMATION

COMPLAINT NO: 2544

REPORTED BY: OFFICE PHONE: DATE: 12/29/2025

JOB ADDRESS: 700 SOUTH AND 200 E

PROBLEM: BEAVER DAM

TOWNSHIP: MONROE

WATERSHED NO: # 97 WHITE RIVER SOUTHWEST

DRAIN NAME: # 79 Gibson #4111

NOTES:

ACCOUNTS PAYABLE VOUCHER

DELAWARE COUNTY, INDIANA

VOUCHER# _____

WARRANT# _____

An invoice or bill to be itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee JJC EXCAVATING LLC 8800 S CR 300 W MUNCIE IN 47302		Purchase Order #051 MISSISSINEWA NILES TOWNSHIP 02/05/2026	
		PO #	
		Terms	
		Date Due	

Invoice Date	Invoice Number	Description	Amount
02/05/2026	182026A	FINAL 20% OF DEBRUSH ON BID JOB	\$6,705.60
		FIRST PAYMENT 2 MONTHS AGO	
		WO#7479	
		2700-000-5-90300-000	
		#6553 RACER DITCH	
		TOTAL	\$6,705.60

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02/05/2026		SURVEYOR	COUNTY SURVEYOR
Mo. Day Yr.	Signature	Title	Department

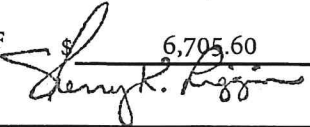
COST DISTRIBUTION LEDGER CLASSIFICATION IF
CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

\$6,705.60
ON ACCOUNT OF APPROPRIATION FOR

Account Number	Account Title	Amount
2700-000-5-90300-000	OTHER SERVICES AND SUPPLIES	\$6,705.60

ALLOWED 02/05/2026
Mo. Day Yr.

I hereby certify that the attached invoice(s), or bill(s) is (are) true and correct and I have audited same in accordance with IC 5-11-10-2.

IN THE SUM OF \$6,705.60


Date February 13, 2026
Mo. Day Yr.

Board of County Commissioners

County Auditor

Invoice



JJC Excavating LLC
8800 S CR 300 W.
Muncie, IN 47302

Invoice for: Delaware County Surveyor Office

Issue Date: 2/5/2026

	Description: racer ditch de-brushing and cleaning	Rate	Qty.	Total
	De-brushing and cleaning	\$33,528. 00	20%	\$6,705.60

Total \$6,705.60

LAWARE COUNTY SURVEYOR'S OFFICE

BUILDING 100 W MAIN ST ROOM 203 MUNCIE INDIANA 47305

OFFICE PHONE: 765-747-7806

LEGAL DRAIN MAINTENANCE

WORK ORDER NO: **7479**

REPORTED BY: OFFICE PHONE: DATE: 12/5/2025

JOB ADDRESS: 800 E AND 1300 N PROBLEM: DEBRUSH AS PER SPECS ATTACHED

FIELD NOTES:

TWP: NILES

WATERSHED NO 51 MISSISSINEWA

DRAIN NAME: Racer #6553

JOB MUST BE COMPLETE BY JANUARY 7, 2026

FIELD INSPECTION MADE - DATE: 10/8/2025 BY:

DATE AWARDED: 10/8/2025 PRIORITY:

TO CONTRACTOR: JJC LANDSCAPE & EXCAVATION - JAREN CRABTREE NOTICE TO PROCEED

BY: TOM BORCHERS

FINAL FIELD INSPECTION BY: DATE: 10/8/2025

MISC. NOTES:

TILE INSTALLED: FIELD MEASUREMENT:

CONC. WORK:

GENERAL FINISH NOTES:

STATUS: **ACITVE**

JOB COST: **\$0.00**

ACCOUNTS PAYABLE VOUCHER

DELAWARE COUNTY, INDIANA

VOUCHER# _____

WARRANT# _____

An invoice or bill to be itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee		Purchase Order	
JJC EXCAVATING LLC		#084 WHITE RIVER NORTHWEST	
8800 S CR 300 W		MT. PLEASANT TOWNSHIP	
MUNCIE IN 47302		Date Due 02/05/2026	

Invoice Date	Invoice Number	Description	Amount
02/05/2026	252026B	REMOVE MULTIPLE LOG JAMS	\$5,470.00
		WO#7433	
		2700-000-5-90300-000	
		#3941 HIATT	
TOTAL			\$5,470.00

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received EXCEPT _____

02/05/2026		SURVEYOR	COUNTY SURVEYOR
Mo. Day Yr.	Signature	Title	Department

COST DISTRIBUTION LEDGER CLASSIFICATION IF
CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

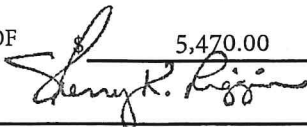
\$5,470.00

ON ACCOUNT OF APPROPRIATION FOR

Account Number	Account Title	Amount
2700-000-5-90300-000	OTHER SERVICES AND SUPPLIES	\$5,470.00

ALLOWED 02/05/2025
Mo. Day Yr.

IN THE SUM OF \$5,470.00



I hereby certify that the attached invoice(s), or bill(s) is (are) true and correct and I have audited same in accordance with I C 5-11-10-2.

Date _____
Mo. Day Yr.

February 13, 2026

Board of County Commissioners

County Auditor

Invoice



JJC Excavating LLC
8800 S CR 300 W.
Muncie, IN 47302

Invoice for: Delaware County Surveyor Office

Issue Date: 2/5/2026

work order #	Description: elks country club	Rate	Qty.	Total
7433	multiple log jams			
	excavator cat 315	\$180.00	14 hours	\$2,520.00
	dump trailer	\$125.00	14 hours	\$1,750.00
	dump bill to farm	\$150.00	8 loads	\$1,200.00

Total \$5,470

DELAWARE COUNTY SURVEYOR'S OFFICE

COUNTY BUILDING 100 W MAIN ST ROOM 203 MUNCIE INDIANA 47305 OFFICE PHONE: 765-747-7806

LEGAL DRAIN MAINTENANCE

WORK ORDER NO: **7433**

REPORTED BY: ELKS CLUB - BRIAN HILL PHONE: 759-7770 DATE: 4/17/2025

JOB ADDRESS: 909 N CR 500 W - MUNCIE PROBLEM: BRIAN HILL GOLF PRO CALLED THIS IN -

FIELD NOTES:

TWP: MT PLEASANT

WATERSHED NO 84 WHITE RIVER NORTHWEST

DRAIN NAME: HIATT #3941

CALL BRIAN FIRST TO SET UP A TIME TO DO

FIELD INSPECTION MADE - DATE: 5/8/2025 BY: STAN WILLIS

DATE AWARDED: 5/8/2025 PRIORITY: _____

TO CONTRACTOR: JJC LANDSCAPE & EXCAVATION - JAREN CRABTREE NOTICE TO PROCEED

BY: STAN WILLIS

FINAL FIELD INSPECTION BY: _____ DATE: 5/8/2025

MISC. NOTES: _____

TILE INSTALLED: _____ FIELD MEASUREMENT: _____

CONC. WORK: _____

GENERAL FINISH NOTES: _____

STATUS: ACTIVE

JOB COST: \$0.00

DELAWARE COUNTY SURVEYOR'S OFFICE

COUNTY BUILDING 100 W MAIN ST ROOM 203 MUNCIE INDIANA 47305 OFFICE PHONE: 765-747-7806

COMPLAINT INFORMATION

COMPLAINT NO: 2435

REPORTED BY: ELKS CLUB - BRIAN HILL PHONE: 759-7770 DATE: 4/17/2025

JOB ADDRESS: 909 N CR 500 W - MUNCIE

PROBLEM: BRIAN HILL GOLF PRO CALLED THIS IN - TREES DOWN IN DITCH - IF YOU GET HIM YOU CAN TAKE GOLF CART TO GO LOOK AT PROBLEM BETWEEN HOLES #7 AND #17

TOWNSHIP: MT PLEASANT

WATERSHED NO: # 84 WHITE RIVER NORTHWEST

DRAIN NAME: # 96 HIATT #3941

NOTES:

ACCOUNTS PAYABLE VOUCHER

DELAWARE COUNTY, INDIANA

VOUCHER# _____

WARRANT# _____

An invoice or bill to be itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee BUTLER MASONRY INC 19280 N COUNTY ROAD MUNCIE IN 47303		Purchase Order #084 WHITE RIVER NORTHWEST WASHINGTON TOWNSHIP 02/04/2026	
		PO #	
		Terms	
		Date Due	

Invoice Date	Invoice Number	Description	Amount
02/04/2026	818	REPAIRED BROKEN TILE	\$1,715.00
		#74 GEO HAWKINS	
		2700-000-5-90300-000	
		WO# 7429	
		TOTAL	\$1,715.00

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received EXCEPT _____

02/04/2026		CHIEF DEPUTY INSPECTOR	SURVEYOR
Mo. Day Yr.	Signature	Title	Department

COST DISTRIBUTION LEDGER CLASSIFICATION IF
CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

\$1,715.00

ON ACCOUNT OF APPROPRIATION FOR

Account Number	Account Title	Amount
2700-000-5-90300-000	OTHER SERVICES AND SUPPLIES	\$1,715.00

ALLOWED

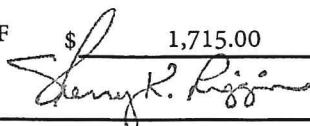
02/04/2026

Mo. Day Yr.

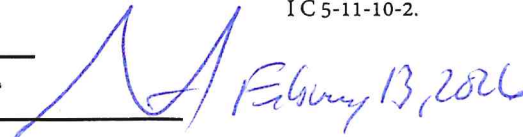
I hereby certify that the attached invoice(s), or bill(s) is (are) true and correct and I have audited same in accordance with I C 5-11-10-2.

IN THE SUM OF

\$ 1,715.00



Date _____
Mo. Day Yr.



Board of County Commissioners

County Auditor

DELAWARE COUNTY SURVEYOR'S OFFICE

COUNTY BUILDING 100 W MAIN ST ROOM 203 MUNCIE INDIANA 47305 OFFICE PHONE: 765-747-7806

LEGAL DRAIN MAINTENANCE

WORK ORDER NO: **7429**

REPORTED BY: JIM JOHNSON PHONE: 765-748-6787 DATE: 4/25/2025

JOB ADDRESS: CR 850 W & 1050 N GASTON PROBLEM: 15" TILE BROKEN DOWN. MARKED WITH RED

FIELD NOTES:

TWP: WASHINGTON

WATERSHED NO 84 WHITE RIVER NORTHWEST DRAIN NAME: GEO W HAWKINS #74

SINKHOLE IS LOCATED ABOUT 200 FT NORTH OF 1050 N BY CREEK. CALL MR. JOHNSON @765-748-6781 IF YOU NEED HELP FINDING BROKEN TILE.

FIELD INSPECTION MADE - DATE: 5/8/2025 BY: TOM BORCHERS & STAN WILLIS

DATE AWARDED: 5/8/2025 PRIORITY: _____

TO CONTRACTOR: BMI - BUTLER MASONRY NOTICE TO PROCEED

BY: TOM BORCHERS

FINAL FIELD INSPECTION BY: _____ DATE: 5/8/2025

MISC. NOTES: _____

TILE INSTALLED: _____ FIELD MEASUREMENT: _____

CONC. WORK: _____

GENERAL FINISH NOTES: _____

STATUS: ACTIVE JOB COST: \$0.00

DELAWARE COUNTY SURVEYOR'S OFFICE

COUNTY BUILDING 100 W MAIN ST ROOM 203 MUNCIE INDIANA 47305 OFFICE PHONE: 765-747-7806

COMPLAINT INFORMATION

COMPLAINT NO: **2442**

REPORTED BY: JIM JOHNSON PHONE: 765-748-6781 DATE: 4/25/2025

JOB ADDRESS: CR 850 W & 1050 N GASTON

PROBLEM: 15" TILE BROKEN DOWN. MARKED WITH RED FLAGS.

200' AB road

TOWNSHIP: WASHINGTON

WATERSHED NO: # 84 WHITE RIVER NORTHWEST

DRAIN NAME: # 74 GEO W HAWKINS #74 Trib #4

NOTES:

Snyder

gper

19280 N county road 287 W
Muncie IN 47303

Date	Invoice #
2/4/2026	818

Bill To
Delaware County Surveyor

P.O. No.	Terms	Project
7429		

[illegible]

ACCOUNTS PAYABLE VOUCHER

DELAWARE COUNTY, INDIANA

VOUCHER# _____

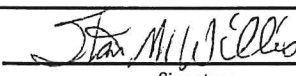
WARRANT# _____

An invoice or bill to be itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee BUTLER MASONRY INC 19280 N COUNTY ROAD MUNCIE IN 47303	Purchase Order PO # #097 WHITE RIVER SOUTHWEST Terms SALEM TOWNSHIP Date Due 02/04/2026
--	---

Invoice Date	Invoice Number	Description	Amount
02/04/2026	821	REPAIRED BROKEN TILES	\$5,880.00
		#20535 RINKER	
		2700-000-5-90300-000	
		WO# 7478	
		TOTAL	\$5,880.00

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received EXCEPT _____

02/04/2026		CHIEF DEPUTY INSPECTOR	SURVEYOR
Mo. Day Yr.	Signature	Title	Department

COST DISTRIBUTION LEDGER CLASSIFICATION IF
CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

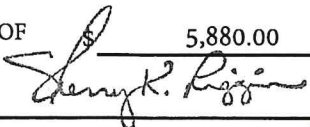
\$5,880.00
ON ACCOUNT OF APPROPRIATION FOR

Account Number	Account Title	Amount
2700-000-5-90300-000	OTHER SERVICES AND SUPPLIES	\$5,880.00

ALLOWED 02/04/2026
Mo. Day Yr.

I hereby certify that the attached invoice(s), or bill(s) is (are) true and correct and I have audited same in accordance with I C 5-11-10-2.

IN THE SUM OF \$ 5,880.00



Date February 13, 2026
Mo. Day Yr.

Board of County Commissioners

County Auditor

DELAWARE COUNTY SURVEYOR'S OFFICE

COUNTY BUILDING 100 W MAIN ST ROOM 203 MUNCIE INDIANA 47305 OFFICE PHONE: 765-747-7806

LEGAL DRAIN MAINTENANCE

WORK ORDER NO: **7478**

REPORTED BY: DIANA FORRESTER-MIKE BROWN PHONE: 765-621-0893 DATE: 11/7/2025
JOB ADDRESS: 13690 W DALEVILLE - DALEVILLE IN PROBLEM: MIKE BROWN CAME IN AND TURNED THIS CO

FIELD NOTES: TWP: SALEM
WATERSHED NO 97 WHITE RIVER SOUTHWEST DRAIN NAME: Rinker #20535

FIELD INSPECTION MADE - DATE: 12/5/2025 BY: TOM BORCHERS & STAN WILLIS

DATE AWARDED: 12/5/2025 PRIORITY: _____

TO CONTRACTOR: BMI - BUTLER MASONRY NOTICE TO PROCEED

BY: STAN WILLIS

FINAL FIELD INSPECTION BY: _____ DATE: 12/5/2025

MISC. NOTES: _____

TILE INSTALLED: _____ FIELD MEASUREMENT: _____

CONC. WORK: _____

GENERAL FINISH NOTES: _____

STATUS: ACITVE JOB COST: \$0.00

DELAWARE COUNTY SURVEYOR'S OFFICE

COUNTY BUILDING 100 W MAIN ST ROOM 203 MUNCIE INDIANA 47305

OFFICE PHONE: 765-747-7806

COMPLAINT INFORMATION

COMPLAINT NO: 2532

REPORTED BY: DIANA FORRESTER-MIKE BROWN PHONE: 765-621-0893 DATE: 11/7/2025

JOB ADDRESS: 13690 W DALEVILLE - DALEVILLE IN

PROBLEM: MIKE BROWN CAME IN AND TURNED THIS COMPLAINT IN FOR DIANA FORRESTER - HE WILL MARK SINK HOLES - TWO DIFFERENT SINKHOLES

TOWNSHIP: SALEM

WATERSHED NO: # 97 WHITE RIVER SOUTHWEST

DRAIN NAME: # 199 Rinker #20535

NOTES:

BMI

Handwritten signatures:
Chuck Hardy

19280 N county road 287 W
Muncie IN 47303

Date	Invoice #
2/4/2026	821

Bill To
Delaware County Surveyor

P.O. No.	Terms	Project
7478		

[illegible]

ACCOUNTS PAYABLE VOUCHER
DELAWARE COUNTY, INDIANA

VOUCHER# _____

WARRANT# _____

An invoice or bill to be itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

<div>Payee</div> <div>BUTLER MASONRY INC</div> <div>19280 N COUNTY ROAD</div> <div>MUNCIE IN 47303</div>	<div>Purchase Order</div> <div>PO # #084 WHITE RIVER NORTHWEST</div> <div>Terms WASHINGTON TOWNSHIP</div> <div>Date Due 02/04/2026</div>
--	--

Invoice Date	Invoice Number	Description	Amount
02/04/2026	819	REPAIRED BROKEN TILE	\$1,960.00
		#315 HAYDEN	
		2700-000-5-90300-000	
		WO# 7477	
		TOTAL	\$1,960.00

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received EXCEPT _____

02/04/2026		CHIEF DEPUTY INSPECTOR	SURVEYOR
Mo. Day Yr.	Signature	Title	Department

COST DISTRIBUTION LEDGER CLASSIFICATION IF
CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

\$1,960.00

ON ACCOUNT OF APPROPRIATION FOR

[illegible]

ALLOWED	<u>02/04/2026</u>
	Mo. Day Yr.

I hereby certify that the attached invoice(s), or bill(s) is (are) true and correct and I have audited same in accordance with I C 5-11-10-2.

IN THE SUM OF \$ 1,960.00

Date _____
Mo. Day Yr.

Board of County Commissioners

County Auditor

DELAWARE COUNTY SURVEYOR'S OFFICE

COUNTY BUILDING 100 W MAIN ST ROOM 203 MUNCIE INDIANA 47305 OFFICE PHONE: 765-747-7806

LEGAL DRAIN MAINTENANCE

WORK ORDER NO: **7477**

REPORTED BY: JAMES JOHNSON PHONE: 765-748-6781 DATE: 11/4/2025

JOB ADDRESS: 7500 W CR 850 N GASTON PROBLEM: BROKEN TILE . MARKED. PAST LIONS CLUB B

FIELD NOTES:

TWP: WASHINGTON

WATERSHED NO 84 WHITE RIVER NORTHWEST

DRAIN NAME: Hayden #315

CALL MR. JOHNSON IF YOU NEED HELP FINDING THE BROKEN TILE.

FIELD INSPECTION MADE - DATE: 12/2/2025 BY: TOM BORCHERS

DATE AWARDED: 12/2/2025 PRIORITY: _____

TO CONTRACTOR: BMI - BUTLER MASONRY NOTICE TO PROCEED

BY: _____

FINAL FIELD INSPECTION BY: _____ DATE: 12/2/2025

MISC. NOTES: _____

TILE INSTALLED: _____ FIELD MEASUREMENT: _____

CONC. WORK: _____

GENERAL FINISH NOTES: _____

STATUS: ACITVE

JOB COST: \$0.00

DELAWARE COUNTY SURVEYOR'S OFFICE

COUNTY BUILDING 100 W MAIN ST ROOM 203 MUNCIE INDIANA 47305 OFFICE PHONE: 765-747-7806

COMPLAINT INFORMATION

COMPLAINT NO: **2529**

REPORTED BY: JAMES JOHNSON PHONE: 765-748-6781 DATE: 11/4/2025

JOB ADDRESS: 7500 W CR 850 N GASTON

PROBLEM: BROKEN TILE . MARKED. PAST LIONS CLUB BUILDING AT BACK OF PROPERTY. WOULD LIKE YOU TO CALL WHEN YOU LOOK AT IT.

TOWNSHIP: WASHINGTON

WATERSHED NO: # 84 WHITE RIVER NORTHWEST

DRAIN NAME: # 89 Hayden #315

NOTES: write up for Bx1e1

Butler Masonry Inc.

19280 N county road 287 W
Muncie IN 47303

Invoice

Date	Invoice #
2/4/2026	819

Bill To
Delaware County Surveyor

P.O. No.	Terms	Project
7477		

Quantity	Description	Rate	Amount
8	excavator hours. We dug up several sink holes and replaced approximately 30 feet of 15 inch dual wall perforated drain tile . We wrapped joints with fabric and concrete.	145.00	1,160.00
8	laborer hours	49.00	392.00
8	trucks and tools	35.00	280.00
8	equipment trailer	16.00	128.00
		Total	\$1,960.00

ACCOUNTS PAYABLE VOUCHER

VOUCHER# _____

DELAWARE COUNTY, INDIANA

WARRANT# _____

An invoice or bill to be itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

<div>Payee</div> <div>BUTLER MASONRY INC</div> <div>19280 N COUNTY ROAD</div> <div>MUNCIE IN 47303</div>	<div>Purchase Order</div> <div>PO # #084 WHITE RIVER NORTHWEST</div> <div>Terms HARRISON TOWNSHIP</div> <div>Date Due 02/04/2026</div>
--	--

Invoice Date	Invoice Number	Description	Amount
02/04/2026	822	INSTALLED RIP RAP BACK IN PLACE ABOVE DRAIN TILE	\$3,995.00
		DITCH WAS WASHING OUT	
		#172 ESCH BAUGH	
		2700-000-5-90300-000	
		WO# 7488	
TOTAL			\$3,995.00

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received EXCEPT _____

01/08/2026		CHIEF DEPUTY INSPECTOR	SURVEYOR
Mo. Day Yr.	Signature	Title	Department

COST DISTRIBUTION LEDGER CLASSIFICATION IF
CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

\$3,995.00

ON ACCOUNT OF APPROPRIATION FOR

[illegible]

ALLOWED

02/04/2026

Mo. Day Yr.

IN THE SUM OF

3,995.00

I hereby certify that the attached invoice(s), or bill(s) is (are) true and correct and I have audited same in accordance with I C 5-11-10-2.

Date _____
Mo. Day Yr.

Board of County Commissioners

County Auditor

Butler Masonry Inc.
19280 N county road 287 W
Muncie IN 47303

Invoice

Date	Invoice #
2/4/2026	822

Bill To
Delaware County Surveyor

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
12	Skidd Steer hours We hauled rip rap back to place above drain tile.	145.00	1,740.00
12	laborer hours	49.00	588.00
12	trucks and tools	35.00	420.00
12	equipment trailer	16.00	192.00
12	dump trailer	15.00	180.00
1	rip rap from IMI 30 tons	875.00	875.00
		Total	\$3,995.00

ACCOUNTS PAYABLE VOUCHER
DELAWARE COUNTY, INDIANA

VOUCHER# _____


WARRANT#

An invoice or bill to be itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee BANNING ENGINEERING 853 COLUMBIA ROAD SUITE 101 PLAINFIELD, IN 46168	Purchase Order # 97 WHITE RIVER SOUTHWEST MONROE TOWNSHIP 02/11/2026
	PO # Terms Date Due

Invoice Date	Invoice Number	Description	Amount
01/13/2026	2601104	PROFESSIONAL SERVICES	\$7,000.00
		through December 31, 2025	
		ABE MCCONNELL #281	
		DITCH RECONSTRUCTION	
		Project # 25160	
		TOTAL	\$7,000.00

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received EXCEPT _____

02/11/2026		SURVEYOR	SURVEYORS OFFICE
Mo. Day Yr.	Signature	Title	Department

COST DISTRIBUTION LEDGER CLASSIFICATION IF
CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

\$7,000.00

ON ACCOUNT OF APPROPRIATION FOR

[illegible]

ALLOWED

Mo. Day Yr.

IN THE SUM OF

7,000.00

I hereby certify that the attached invoice(s), or bill(s) is (are) true and correct and I have audited same in accordance with I C 5-11-10-2.

Date _____
Mo. Day Yr.

Board of County Commissioners

County Auditor



Banning Engineering, INC. • 853 Columbia Road, Suite 101 • Plainfield, IN 46168
Phone: (317) 707-3700 • Fax: (317) 707-3800 • E-mail: Banning@BanningEngineering.com

Mr. Joe Hamilton
Delaware County Drainage Board
100 W Main St.
Muncie, IN 47305

January 13, 2026

Project No: 25160

Invoice No: 2601104

Invoice Total	\$7,100.00
----------------------	-------------------

Project 25160 Abe McConnell Ditch Reconstruction

Professional Services through December 31, 2025

Phase 0120 Survey Services

Fee

Total Fee 7,100.00

Percent Complete 100.00 Total Earned 7,100.00

Previous Fee Billing 0.00

Current Fee Billing 7,100.00

Total Fee 7,100.00

Total this Phase \$7,100.00

TOTAL THIS INVOICE \$7,100.00

Unpaid as of Invoice Date

Number	Date	Balance
2512130	12/10/2025	3,100.00
Total		3,100.00

ACCOUNTS PAYABLE VOUCHER

DELAWARE COUNTY, INDIANA

VOUCHER# _____

WARRANT# _____

An invoice or bill to be itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee Gannett Indiana-Kentucky LocaliQ PO Box 630485 Cincinnati, OH 45263-0485	Purchase Order PO # _____ Terms _____ Date Due _____
---	---

Invoice Date	Invoice Number	Description	Amount
01/31/2026	0007543623	1000-149-5-00000-330	\$30.40
		Legal Publications	
TOTAL			\$30.40

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received EXCEPT _____

02/19/2026		Surveyor	Delaware County Surveyor
Mo. Day Yr.	Signature	Title	Department

COST DISTRIBUTION LEDGER CLASSIFICATION IF
CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

\$30.40
ON ACCOUNT OF APPROPRIATION FOR

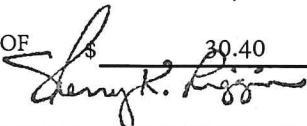
Account Number	Account Title	Amount
1000-149-5-00000-330	Legal Publications	\$30.40

ALLOWED

Mo. Day Yr.

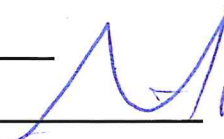
IN THE SUM OF

\$ 30.40



I hereby certify that the attached invoice(s), or bill(s) is (are) true and correct and I have audited same in accordance with I C 5-11-10-2.

Date _____
Mo. Day Yr.

 February 13, 2026

Board of County Commissioners

County Auditor

USA TODAY CO.



ACCOUNT NAME		ACCOUNT #	INV DATE
Delaware County Surveyors Office		1345091	01/31/26
INVOICE #	INVOICE PERIOD	CURRENT INVOICE TOTAL	
0007543623	Jan 1- Jan 31, 2026	\$30.40	
PREPAY (Memo Info)	UNAPPLIED (included in amt due)	TOTAL CASH AMT DUE*	
\$0.00	\$0.00	\$30.40	

BILLING ACCOUNT NAME AND ADDRESS	PAYMENT DUE DATE: FEBRUARY 28, 2026
Delaware County Surveyors Office 100 W Main ST # 203 Muncie, IN 47305-2836	Legal Entity: USA TODAY Media Corp. Terms and Conditions: Past due accounts are subject to interest at the rate of 18% per annum or the maximum legal rate (whichever is less). Advertiser claims for a credit related to rates incorrectly invoiced or paid must be submitted in writing to Publisher within 30 days of the invoice date or the claim will be waived. Any credit towards future advertising must be used within 30 days of issuance or the credit will be forfeited. All funds payable in US dollars.

BILLING INQUIRIES/ADDRESS CHANGES 1-877-736-7612 or smb@usatodayco.com	FEDERAL ID 47-2390983
--	-----------------------

Save A Tree! USA TODAY Co. is going paperless. Enjoy the convenience of accessing your billing information anytime and pay online. To avoid missing an invoice, sign up today by going to <https://gcil.my.site.com/financialservicesportal/s/>.

Date	Description	Amount
1/1/26	Balance Forward	\$0.00

Package Advertising:					
Start-End Date	Order Number	Product	Description	PO Number	Package Cost
1/19/26-1/26/26	12005645	MUN Muncie Star Press	Public Hearing		\$30.40

As an incentive for customers, we provide a discount off the total invoice cost equal to the 3.99% service fee if you pay with Cash/Check/ACH. Pay by Cash/Check/ACH and Save!

Total Cash Amount Due	\$30.40
Service Fee 3.99%	\$1.21
*Cash/Check/ACH Discount	-\$1.21
*Payment Amount by Cash/Check/ACH	\$30.40
Payment Amount by Credit Card	\$31.61

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

ACCOUNT NAME		ACCOUNT NUMBER		INVOICE NUMBER		AMOUNT PAID
Delaware County Surveyors Office		1345091		0007543623		
CURRENT DUE	30 DAYS PAST DUE	60 DAYS PAST DUE	90 DAYS PAST DUE	120+ DAYS PAST DUE	UNAPPLIED PAYMENTS	TOTAL CASH AMT DUE*
\$30.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.40
REMITTANCE ADDRESS (Include Account# & Invoice# on check)				TO PAY BY PHONE PLEASE CALL:		TOTAL CREDIT CARD AMT DUE
USA TODAY Media Corp. PO Box 630485 Cincinnati, OH 45263-0485				1-877-736-7612		\$31.61
				To sign up for E-mailed invoices and online payments please go to https://gcil.my.site.com/financialservicesportal/s/		

0001345091000000000000075436230000304066246

AFFIDAVIT OF PUBLICATION

Jennifer Licht
Delaware County Surveyors Office
100 W Main ST # 203
Muncie IN 47305-2836

STATE OF WISCONSIN, COUNTY OF BROWN

The Star Press, a newspaper printed and published in the city of Muncie, Delaware County, State of Indiana, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue:

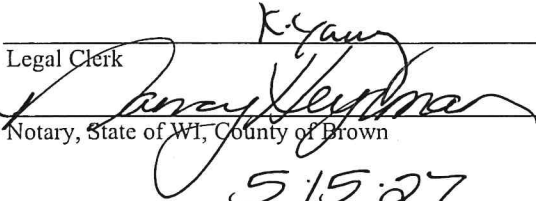
MUN Muncie Star Press 01/19/2026, 01/26/2026
MUN thestarpress.com 01/19/2026, 01/26/2026

and that the fees charged are legal.
Sworn to and subscribed before on 01/26/2026

**Drainage Board Schedule
of Meetings for 2026**

Meetings are at 9:00 a.m. in the Commissioners Courtroom 3rd floor
100 W Main Street, Room 309A, Muncie, In 47305
Wednesday January 14, 2026
Wednesday February 11, 2026
Wednesday March 11, 2026
Wednesday April 8, 2026
Wednesday May 13, 2026
Wednesday June 10, 2026
Wednesday July 8, 2026
Wednesday August 12, 2026
Wednesday September 9, 2026
Wednesday October 14, 2026
Tuesday November 10, 2026
Wednesday December 9, 2026
Jennifer Licht, Recording Secretary
(MNI - 1/19, 1/26/2026 - 12005645 HSPAXLP)

Legal Clerk


Notary, State of WI, County of Brown

My commission expires

Publication Cost: \$30.40
Tax Amount: \$0.00
Payment Cost: \$30.40
Order No: 12005645 # of Copies:
Customer No: 1345091 1
PO #:

THIS IS NOT AN INVOICE!

Please do not use this form for payment remittance.

NANCY HEYRMAN
Notary Public
State of Wisconsin

To: MUN Muncie Star Press

(Government Unit)

County, Indiana

20 lines, 2.0000 columns wide which equals 40 equivalent
lines at \$0.38 per line @ 2 days \$30.40

Acct #: 1345091

Ad #: 12005645

Website Publication \$0.00

DATA FOR COMPUTING COST

Charge for proof(s) of publication \$0.00

Width of single column 1.53 in

Number of insertions 2

TOTAL AMOUNT OF CLAIM \$30.40

Size of type 7 point

Claim No. Warrant No.

IN FAVOR OF

I have examined the within claim
and hereby certify as follows:

That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon statutory authority.

That it is apparently (correct)

(incorrect)

\$

On Account of Appropriation For

FED ID

83-2810977

Allowed , 20

In the sum of \$

I certify that the within claim is true and correct, that the services there-in
itemized and for which charge is made were ordered by me and were
necessary to the public business.