

MEMBER INFORMATION:

Entity Name: City of St. Clairsville

Mailing Address: P.O. Box 537 City: St. Clairsville

County: _____ State: Ohio Zip: 43950

Phone Number: 740-695-0156 Email Address: jgreenwood@stclairsville.com

HAS A FORMAL RESOLUTION BEEN PASSED AUTHORIZING THE USE OF AN EMPLOYEE DISHONESTY AND FAITHFUL PERFORMANCE OF DUTY POLICY AS REQUIRED BY ORC 3.061?
PLEASE ATTACH A COPY OF PASSED REOLUTION:

Yes Date it was passed: _____

No Date scheduled to be passed: _____

TOTAL ANNUAL OPERATING EXPENDITURES: \$11,559,245

DATE OF LAST AUDIT: _____

DID THE AUDITOR MAKE ANY INTERNAL CONTROL RECOMMENDATIONS DURING THE LAST AUDIT:

Yes No

WERE THERE ANY:

Finding for Recovery? Yes No Material Weakness? Yes No

Material Non-Compliance? Yes No Reportable Conditions? Yes No

ANY PRIOR BOND OR FAITHFUL PERFORMANCE OF DUTY LOSSES IN THE PAST 5 YEARS? Yes No
IF SO, PLEASE EXPLAIN:

**APPOINTED OR ELECTED OFFICIALS REQUIRED TO BE BONDED
(INCLUDE ADDITIONAL PAGES IF NECESSARY):**

Name:	Title:	Amount:	Effective Date:	Current Bond Company & Price:
Kathryn Thalman	Mayor	\$2,000	3/1/22	\$100
Annette Williams	Finance Director	\$50,000	3/1/22	\$200
Jeremy Greenwood	Director of Public Service/ Safety	\$50,000	3/1/22	New

The undersigned applicant hereby certifies that the answers given are the truth without reservation:

Authorized Representative (type or printed):

Signature: Title:

Date: