

City of Moberly City Council Agenda Summary

Agenda Number: _____
 Department: Administration
 Date: October 20, 2025

Agenda Item: Consideration Of A Land Transaction With The Randolph County Health Department.

Summary: The City of Moberly proposes to sell a city-owned parcel located at the corner of Burkhart and 4th Street to the Randolph County Health Department for \$25,000. The property, currently used as a parking lot, includes Lots 7–10 of Block 4 in William's Third Addition. The agreement requires the City to convey the property via Special Warranty Deed. Both parties will split title and closing costs equally, and closing is scheduled on or before November 5, 2025. Buyer retains the right to inspect the property and may terminate the contract if title issues or unacceptable conditions arise.

Recommended Action: Direct staff to bring forward to the November 3, 2025, regular Council meeting for final approval.

Fund Name: General Fund Miscellaneous/Land Acquisition

Account Number: 100.000.4900/100.013.5506

Available Budget \$: 0

| ATTACHMENTS: | | Roll Call | Aye | Nay |
|--|--|--------------------------|--------|--------|
| <input type="checkbox"/> Memo | <input type="checkbox"/> Council Minutes | Mayor | | |
| <input type="checkbox"/> Staff Report | <input type="checkbox"/> Proposed Ordinance | M___ S___ Lucas | ___ | ___ |
| <input checked="" type="checkbox"/> Correspondence | <input type="checkbox"/> Proposed Resolution | Council Member | | |
| <input type="checkbox"/> Bid Tabulation | <input type="checkbox"/> Attorney's Report | M___ S___ Kimmons | ___ | ___ |
| <input type="checkbox"/> P/C Recommendation | <input type="checkbox"/> Petition | M___ S___ McKeown | ___ | ___ |
| <input type="checkbox"/> P/C Minutes | <input type="checkbox"/> Contract | M___ S___ Graff | ___ | ___ |
| <input type="checkbox"/> Application | <input type="checkbox"/> Budget Amendment | M___ S___ Skubic | ___ | ___ |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Legal Notice | | | |
| <input type="checkbox"/> Consultant Report | <input type="checkbox"/> Other _____ | | Passed | Failed |