



**Illinois Department
of Transportation**

**Resolution for Maintenance
Under the Illinois Highway Code**

District	County	Resolution Number	Resolution Type	Section Number
2	Ogle		Original	24-00000-00-GM

BE IT RESOLVED, by the _____ Council _____ of the _____ City _____ of _____
Governing Body Type Local Public Agency Type
Rochelle Illinois that there is hereby appropriated the sum of _____
Name of Local Public Agency

Three hundred twenty thousand and no/XX _____ Dollars (\$320,000.00)

of Motor Fuel Tax funds for the purpose of maintaining streets and highways under the applicable provisions of Illinois Highway Code from

01/01/24 to 12/31/24
Beginning Date Ending Date

BE IT FURTHER RESOLVED, that only those operations as listed and described on the approved Estimate of Maintenance Costs, including supplemental or revised estimates approved in connection with this resolution, are eligible for maintenance with Motor Fuel Tax funds during the period as specified above.

BE IT FURTHER RESOLVED, that _____ City _____ of _____ Rochelle _____
Local Public Agency Type Name of Local Public Agency

shall submit within three months after the end of the maintenance period as stated above, to the Department of Transportation, on forms available from the Department, a certified statement showing expenditures and the balances remaining in the funds authorized for expenditure by the Department under this appropriation, and

BE IT FURTHER RESOLVED, that the Clerk is hereby directed to transmit four (4) certified originals of this resolution to the district office of the Department of Transportation.

I, Rose Hueramo _____ City _____ Clerk in and for said _____ City _____
Name of Clerk Local Public Agency Type Local Public Agency Type

of _____ Rochelle _____ in the State of Illinois, and keeper of the records and files thereof, as
Name of Local Public Agency

provided by statute, do hereby certify the foregoing to be a true, perfect and complete copy of a resolution adopted by the

_____ Council _____ of _____ Rochelle _____ at a meeting held on 07/08/24
Governing Body Type Name of Local Public Agency Date

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this _____ day of _____
Day Month, Year

(SEAL, if required by the LPA)

Clerk Signature & Date

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APPROVED

Regional Engineer Signature & Date
Department of Transportation

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