

Walton County Department Agenda Request

Department Name: **Walton County Sheriff's Office**

Department Head/Representative: **Kim McCord**

Meeting Date Request: **06/03/2025**

Has this topic been discussed at past meetings? **No**

If so, When?

TOPIC: **Requesting to Donate Armored Vehicle as Capitol Asset**

Wording For Agenda: **Armored Vehicle**

This Request: **Informational Purposes Only** Needs Action by Commissioners* **Yes**

*What action are you seeking from the Commissioners? **Acceptance**

Department Comments/Recommendation: **Deputies Beyond the Badge non-profit raised enough funds to purchase the armored vehicle and is requesting the vehicle to be donated to the Walton County Board of Commissioners**

Additional Documentation Attached? **Temporary Tag Registration**

Is review of this request or accompanying documentation by the County Attorney required? **Yes**

If so, has a copy of the documentation been forwarded to County Attorney? **Yes**

Date forwarded to County Attorney: **05/21/2025**

Has the County Attorney review been completed? **Yes**

If this request involves the expenditure of county funds, please answer the following:

Approved in current budget?

Budget information attached?

Comments:

Purchasing Department Comments:

County Attorney Comments:

Chairman's Comments:



OHIO DEPARTMENT OF PUBLIC SAFETY • BUREAU OF MOTOR VEHICLES
TEMPORARY TAG REGISTRATION APPLICATION
*** DEALER COPY ***

Temporary Tag:	T640481	Issue Date:	05/16/2025
Vehicle Ownership:	COMMERCIAL	Expiration Date:	06/30/2025
Purchaser/Lessee Name:	WALTON COUNTY BOARD OF CO	Dealer Permit:	ND003325
SS # / Tax ID:		Issuing Dealership:	VALLEY FORD TRUCK INC
Home Address:	303 SOUTH HAMMOND DR	Address:	5715 CANAL RD
City:	MONROE	City:	VALLEY VIEW
State/ZIP:	GA, 30655	State/ZIP:	OH, 44125
Additional Purchaser Name:			
SS # / Tax ID:		Vehicle Year:	2024
Home Address:		Vehicle Type:	TK
City:		Vehicle Make:	FORD
State/ZIP:		Vehicle Serial No.:	1FDFF6LT5RDA08193

YOU WILL LOSE YOUR DRIVER LICENSE IF YOU DRIVE WITHOUT INSURANCE OR OTHER ACCEPTABLE FINANCIAL RESPONSIBILITY COVERAGE

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle to allow anyone else to drive the owner's vehicle without FR coverage.
- **PROOF OF COVERAGE IS REQUIRED:** • Whenever a police officer issues a traffic ticket • At all vehicle inspection stops and • Upon traffic court appearances
- **ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:** • Lose his or her driver license until requirements are met on first offense • ONE YEAR on second offense and TWO YEARS on additional offenses • Lose his or her license plates and vehicle registration • Pay reinstatement fees of \$100.00 for first offense, \$300.00 for second offense, \$600.00 for third and subsequent offenses • Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates, or registration AND • Be required to maintain special FR coverage ('High-risk' insurance or equivalent) on file with the Bureau of Motor Vehicles (BMV) for THREE or FIVE YEARS.
- **ONCE THIS SUSPENSION IS IN EFFECT:** Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
- **IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE:** In addition to all penalties listed above, you have • A SECURITY SUSPENSION for TWO YEARS or more and • A JUDGEMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- **THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.**
- **WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.**
- **WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:** • AN INSURANCE POLICY showing automobile liability insurance of at least \$25,000 bodily injury per person, \$50,000 injury two or more persons, and \$25,000 property damage • AN INSURANCE IDENTIFICATION CARD (same coverage) • A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company • A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000 • A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State • A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

PROOF OF FINANCIAL RESPONSIBILITY

I affirm that the owners (or lessees of leased vehicle) now have insurance or other proof of financial responsibility (FR) coverage covering this vehicle and will not operate or permit the operation of this vehicle without FR coverage. By signing this I acknowledge that I have received a copy of the financial responsibility notice.

X

Signature of Purchaser(s)

Date