



# Town of Nutter Fort Agenda for Tuesday, June 23, 2020 @ 6:30PM

***Preliminaries***

***Call to Order***

***Minutes***

- Approval of minutes 6/9/2020 - Council Meeting

***Treasurer’s Report & Approval of Accounts Payable***

**Unfinished Business**

1. Discussion and approval of addition to United Healthcare benefits

**New Business**

1. Review and Acceptance of General Budget FY 2019/2020 Revision #3
2. Review and Acceptance of Coal Severance Budget FY 2019/2020 Revision #2
3. Discussion on \$250 fee for Code Enforcement Appeal
4. Review and Approval of Prime Coffee Company Municipal License
5. Water Meter System Updates - Bid Opening and Awarding of Contract
6. Consideration and Approval of board re-appointments for the following members and commissions that will expire June 30, 2020:

<b><u>Member</u></b>	<b><u>Board</u></b>	<b><u>Expiration</u></b>
Denver Atkinson	Library Board	06/30/2025 (5 Year Term)
Dave Nuzum	Planning Commission	06/30/2023 (3 Year Term)
Nathan Rohrbough	Sanitary Board	06/30/2023 (3 Year Term)
Rezin Hudkins	Traffic Advisory Committee	06/30/2022 (2 Year Term)
Donald Webster	Urban Renewal Authority	06/30/2025 (5 Year Term)
William Williams	Zoning Board of Appeals	06/30/2021 (1 Year Term)
Jeremy Haddix	Zoning Board of Appeals	06/30/2025 (5 Year Term)
Raetta Allen	Zoning Board of Appeals	06/30/2022 (2 Year Term)
Frank Sturm	Code Appeals Board	06/30/2025 (5 Year Term)
Johnny Cochran	Code Appeals Board	06/30/2025 (5 Year Term)
Lanny Lake	Code Appeals Board	06/30/2025 (5 Year Term)
Tom Michaels	Code Appeals Board	06/30/2025 (5 Year Term)
Mark Frazier	Code Appeals Board	06/30/2025 (5 Year Term)

**Committee Reports:**

- Chief of Police Report
- Fire Chief
- Public Works Supervisor Report
- Code Enforcement Report – Howard Street Demolition picture included
- Other Committee Reports

***Public Comment***

***Adjournment***

## Review of building permits:

Owner	Location	Description of work	Contractor (if applicable)	Estimated Cost	Notes
Kathy Powell	400 Maryland Avenue	Pool installation	Pool Queen Fairmont	\$6,180.00	
John Koerner	209 Ohio Avenue	Sidewalk	Self	\$600.00	
James Oliverio	312 Thomas Avenue	Porch steps and railing	Self	\$1,660.00	
Jennifer Steele	313 West Virginia Avenue	Replace decking and steps	Self	\$800.00	
Nathan Rohrbough	305 Pennsylvania Avenue	Carport/garage	Carolina Carports	\$9,000.00	
Dave Blair	507 Maryland Avenue	Garage	Loudin Construction	\$33,760.00	
Jamie Bernard	604 Ohio Avenue	Window installation & plumbing repairs	AZD Builders	\$2,460.00	
4 Boys Investments	1402 Buckhannon Pike	Storage building removal	Paramount Construction	\$7,800.00	
Bryan Gonzalez	319 Maryland Avenue	Deck board replacement & repair existing fence	Self	\$1,000.00	

Leslie Cummings is inviting you to a scheduled Zoom meeting.

Topic: Council Meeting

Time: Jun 23, 2020 06:30 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/84831373295?pwd=anFaYnpxbktGczk4UWlFU1l1Y3h5dz09>

Meeting ID: 848 3137 3295

Password: 321325

One tap mobile

+13126266799,,84831373295#,,,,0#,,321325# US (Chicago)

+16465588656,,84831373295#,,,,0#,,321325# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

+1 301 715 8592 US (Germantown)

+1 346 248 7799 US (Houston)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

Meeting ID: 848 3137 3295

Password: 321325

## *Joining a Zoom meeting by phone only*

1. Dial **1-646-558-8656**.
2. You will be prompted to enter the **meeting ID** - **848 3137 3295**, followed by **#**.
3. If the meeting has not already started press **#** to wait if you are participant.
4. Password is **321325**



## Town of Nutter Fort Council Meeting Minutes Tuesday, June 9, 2020 @ 6:30PM

### *Preliminaries*

#### **Mayor Sam Maxon called the meeting to order @ 6:31PM via Zoom**

Attendance: Recorder Rezin Hudkins, Councilors William Benincosa, Natalie Haddix, Charlene Louk, Fire Chief Jeremy Haddix, Police Chief Ronald Godwin  
Absent: Councilors Donald Webster & Karen Phillips, Acting Treasurer Leslie Cummings, Public Works Supervisor Taylor Keith, Code Enforcement Keith Kesling  
Guests: Shirley Sheets, Kathy Powell, Logan Alastanos, Jody Forinash, JB Forinash, Charlotte Link

### *Minutes*

- Approval of minutes - 5/26/2020 - Council Meeting - were approved by unanimous vote after a motion by Natalie Haddix and a second by Rezin Hudkins.

### *Treasurer's Report -*

Acting Treasurer Leslie Cummings was on vacation.

### *Approval of Accounts Payable*

Approval of Accounts Payable (attached) - Accounts payable were approved by unanimous vote after a motion made by Natalie Haddix and a second by Rezin Hudkins.

### Old Business - N/A

### New Business

1. Discussion & approval of addition to United Healthcare benefits - discussion was held and decided to table until next meeting until more information could be provided.
2. Discussion & approval - 2nd reading of Ordinance 2020-01 - Establishing Town of Nutter Fort Building and Housing Code Appeals Board - approved by unanimous vote after a motion by Charlene Louk and a second by William Benincosa.

### Committee Reports:

- Chief of Police Report - Working on updating reporting software/laptops through 911 headquarters, staying busy.
- Fire Chief - Everything going well, having a meeting next week to discuss the gun bash.
- Public Works Supervisor Report - Per Mayor Maxson, they have been doing black top patching, and sewer project is moving along.
- Code Enforcement Report - N/A
- Other Committee Reports - N/A

***Public Comment*** - Charlotte Link asked why we are not having normal meetings now that COVID-19 is over. A long discussion was held explaining that COVID-19 isn't over and why we are unable to have regular meetings, due to the size of our chambers. She asked about having the meetings at the Fire Department. It was explained that someone would have to sanitize, setup, then tear down, and our recording software is not designed for that size of a room. In order to maintain social distancing, our chambers would only allow for council and department heads to be present due to the size of the room.

Councilor Charlene Louk asked if any town official was given a reason for the cancelation of the power outage schedule for June 4, 2020. Two issues, (1) the outage was canceled without notifying businesses. This was very irresponsible. Businesses made plans to deal with the outage and even closed, causing loss of revenue. (2) Residents received an automated call, but it did not include all the streets intended for the outage. Now residents have received a call rescheduling the outage. Mayor Maxson was not aware of any reason given for the cancelation. He has a contact with MonPower and will contact him about these issues. He will pass along the information.

*Meeting adjourned by acclamation at 7:08 pm.*

*Respectfully submitted,*

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*Rezin Davis Hudkins IV, Recorder*

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*Sam Maxson, Mayor*

**General Revenue Account**  
**Purchase Journal**  
**For the Period From Jun 6, 2020 to Jun 19, 2020**

Filter Criteria includes: 1) Includes Drop Shipments. Report order is by Date. Report is printed in Detail Format.

Date	Name	Line Description	Debit Amount	Credit Amount
6/6/20	DataMax	Collections for Bus Lic/B&O Rev for April 2020	45.00	
		DataMax		45.00
6/6/20	DataMax	Collections for Bus Lic/B&O Rev for May 2020	25.54	
		DataMax		25.54
6/6/20	GO-Mart	Fuel Cell #1 20.309 Gals GO-Mart	47.50	47.50
6/6/20	Skasiks Quality Cleaners	Alterations of uniforms for the Police Dept. for James Young May 23, 2020 Skasiks Quality Cleaners	21.20	21.20
6/6/20	Lowe's	Pressure washer hose Lowe's	55.98	55.98
6/6/20	Cintas	1/4 cost of Uniforms Cintas	118.92	118.92
6/6/20	Conducive Data	Monthly managed services Conducive Data	196.25	196.25
6/6/20	Conducive Data	Monthly managed services Conducive Data	222.50	222.50
6/6/20	RIGNEY BUILDING SER	Thermostat Repair-Bunk Room Fire Dept RIGNEY BUILDING SERVICES	112.00	112.00
6/6/20	Ace Hardware	4- trimmer head spools with line Ace Hardware	71.88	71.88
6/6/20	Visual Edge Inc. DBA M	Monthly contract charges for copier Visual Edge Inc. DBA MCM Business Sys	82.92	82.92
6/6/20	Speedway	Unit 4 29.488 gal Speedway	56.00	56.00
6/6/20	Woodford Oil Company	Fuel Cell #1 35.518 gal Woodford Oil Company	71.00	71.00
6/6/20	Woodford Oil Company	Fuel Cell unit 4-49.027 gal Woodford Oil Company	98.00	98.00
6/6/20	Sandy's Hardware	1/4 cost of air conditioner and cooler Sandy's Hardware	137.25	137.25

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Date	Name	Line Description	Debit Amount	Credit Amount
6/6/20	Sandy's Hardware	25-36" Nylon straps Sandy's Hardware	24.75	24.75
6/6/20	Sandy's Hardware	1/4 of Form Boards for concrete at shop Sandy's Hardware	99.53	99.53
6/6/20	Sandy's Hardware	3-Drill bits & Screws Sandy's Hardware	60.16	60.16
6/6/20	Woodford Oil Company	Fuel-unit 5 22.816 gals Woodford Oil Company	52.00	52.00
6/6/20	Woodford Oil Company	Fuel Unit 3 Woodford Oil Company	44.95	44.95
6/6/20	Bearcom	June2020 police radio maintenance Bearcom	58.50	58.50
6/6/20	Sellmark Corporation	PD-Riflescope and Mount Sellmark Corporation	425.99	425.99
6/6/20	Sheetz	Fuel 20.848 gal @ 1.899 Sheetz	39.59	39.59
6/6/20	Advance Auto Parts	Oil-10w30 1 Quart Advance Auto Parts	9.66	9.66
6/6/20	Advance Auto Parts	Loctite 36MI thread lock Advance Auto Parts	22.07	22.07
6/6/20	Advance Auto Parts	Heat Shrink Tube Advance Auto Parts	9.09	9.09
6/6/20	Advance Auto Parts	1/4 cost of Degreaser Advance Auto Parts	32.19	32.19
6/6/20	Airgas Mountian States	1/4 cost of monthly cylinder rentals Airgas Mountian States	71.04	71.04
6/6/20	Police Escrow Account	Monthly deposit of ticket escrow collections Police Escrow Account	15.51	15.51
6/6/20	State Treasurer's Office	Monthly CVRF Collections	70.09	
		Monthly LETF Collections	68.44	
		Monthly Regional Jail Fee Collections	350.44	
		Monthly Community Corrections Collections	77.62	
		State Treasurer's Office		566.59

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Date	Name	Line Description	Debit Amount	Credit Amount
6/6/20	Police Escrow Account	Monthly deposit of ticket escrow collections Police Escrow Account	219.08	219.08
6/6/20	Nutter Fort Payroll	Mayor - FICA/Medicare Tax Council - FICA/Medicare Tax Recorder - FICA/Medicare Tax Police Judge - FICA/Medicare Tax Nutter Fort Payroll	41.80 56.98 22.79 19.47	141.04
6/6/20	Nutter Fort Payroll Accou	Mayor's monthly Salary Council - Monthly Salary Recorder's Monthly Salary Police Judge's Salary Nutter Fort Payroll Account	550.00 750.00 300.00 256.25	1,856.25
6/6/20	Jefferds Corporation	6yard dumpster-Taqueria Lou Lou Jefferds Corporation	1,400.00	1,400.00
6/6/20	Nutter Fort Payroll	Waste Account Official's FICA/Medicare monthly expense Nutter Fort Payroll	3.83	3.83
6/6/20	Cintas	Waste-1/4 cost of Prep of Uniforms Cintas	118.92	118.92
6/6/20	Sandy's Hardware	Waste-1/4 cost of air conditioner and cooler Sandy's Hardware	137.24	137.24
6/6/20	Sandy's Hardware	Waste-1/4 of Form Boards for concrete at shop Sandy's Hardware	99.52	99.52
6/6/20	Advance Auto Parts	Waste-Diesel Supplement Advance Auto Parts	18.39	18.39
6/6/20	Advance Auto Parts	Waste-1/4 cost of degreaser Advance Auto Parts	32.18	32.18
6/6/20	Airgas Mountian States	1/4 cost of monthly cylinder rentals - waste Airgas Mountian States	71.03	71.03
6/8/20	Nutter Fort Payroll Accou	Treasurer Office bi-weekly wages Treasurer Office bi-weekly OT Treasurer Office insurance opt out Police Department bi-weekly wages Police Department bi-weekly OT Street Department bi-weekly wages	1,563.00 487.46 125.00 9,214.00 2,081.96 3,022.20	

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Date	Name	Line Description	Debit Amount	Credit Amount
		Street Department bi-weekly OT	289.92	
		Street Department insurance opt out	250.00	
		Code enforcement wages	738.47	
		Fire Department bi-weekly wages	1,812.13	
		Fire Dept insurance opt out	125.00	
		Police Special Duty bi-weekly wages		
		Library bi-weekly wages	1,567.50	
		Nutter Fort Payroll Account		21,276.64
6/8/20	Nutter Fort Payroll Accou	Bi-weekly waste wages	4,566.00	
		Nutter Fort Payroll Account		4,566.00
6/8/20	Nutter Fort Payroll	Treasurer's Office bi-weekly FICA/Medicare Tax	165.27	
		Police Dept. bi-weekly FICA/Medicare Tax	858.16	
		Fire Dept. bi-weekly FICA/Medicare Tax	147.17	
		Street Dept. bi-weekly FICA/Medicare Tax	270.62	
		Recycle Dept. bi-weekly FICA/Medicare Tax		
		Code Enforcement bi-weekly FICA/Medicare	56.09	
		Police Special Duty bi-weekly FICA/Medicare		
		Library bi-weekly FICA/Medicare	119.06	
		Nutter Fort Payroll		1,616.37
6/8/20	Nutter Fort Payroll	Waste account FICA/Medicare Tax	343.05	
		Nutter Fort Payroll		343.05
6/9/20	Lowe's	1/4 cost of shop cleaning supplies	57.24	
		Lowe's		57.24
6/9/20	Lowe's	Waste-1/4 cost of shop cleaning supplies	57.23	
		Lowe's		57.23
6/10/20	Conducive Data	Monthly managed services - May 2020	170.00	
		Conducive Data		170.00
6/11/20	Quill Corporation	2-Air Duster, 3-Keyboards	59.95	
		Quill Corporation		59.95
6/11/20	FP Mailing Solutions	1/2 cost of Postage	1,007.00	
		FP Mailing Solutions		1,007.00
6/11/20	Super America Group, In	Engine 71 Fuel	47.00	
		Engine 72 Fuel		
		Squad 7 Fuel	43.01	
		Tanker 7 Fuel	57.25	
		Unit 74 Fuel	91.72	
		Unit 75 Fuel	39.06	

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Date	Name	Line Description	Debit Amount	Credit Amount
		JHaddix-Fuel Super America Group, Inc.	47.50	325.54
6/11/20	Super America Group, In	Fuel - Ronald Godwin Fuel - Chris Shingleton Fuel - James McManus Fuel - James Young Fuel - Shane Richardson Super America Group, Inc.	43.00 69.56 259.29 109.66 85.34	566.85
6/11/20	Super America Group, In	1/3 cost Street Dept Fuel Code Fuel Super America Group, Inc.	232.97 74.01	306.98
6/11/20	Brickstreet Mutual Insura	Worker's Compensation Installation FY 20/21 - Police Worker's Compensation Installation FY 20/21 - Maintenance Worker's Compensation Installation FY 20/21 - Treasurer Worker's Compensation Installation FY 20/21- Recycle Brickstreet Mutual Insurance Co.	770.75 653.20 127.40 81.65	1,633.00
6/11/20	Brickstreet Mutual Insura	Worker's Compensation Installation FY 20/21- Waste Brickstreet Mutual Insurance Co.	1,633.00	1,633.00
6/11/20	Super America Group, In	waste-Garbage Truck Fuel - May 2020 Super America Group, Inc.	635.06	635.06
6/12/20	Xcel Service and Repair	PD #206 Durango-Diagnostic, valve cover, turn signal, wiper blades, cooling fan. Xcel Service and Repair	791.96	791.96
6/12/20	Target National Bank	LC-Reimbursement Target National Bank	65.20	65.20
6/12/20	Amazon	Forehead Thermometer Amazon	75.25	75.25
6/12/20	TriTech Software System	RMS Software Support 2020/2021 TriTech Software Systems	215.62	215.62
6/13/20	Citynet LLC	55% of Monthly cost for internet and phone Fire Dept cost for internet and phone Citynet LLC	283.26 515.94	799.20

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Date	Name	Line Description	Debit Amount	Credit Amount
6/13/20	Citynet LLC	Waste- 15% cost of internet and phone Citynet LLC	77.26	77.26
6/15/20	City of Nutter Fort	55% of monthly water and sewer service for all departments City of Nutter Fort	167.68	167.68
6/15/20	City of Nutter Fort	Waste Account - 15% of monthly water and sewer service for all departments City of Nutter Fort	45.73	45.73
6/16/20	U.S. Cellular	Monthly cell service for Police 1/4 cost of Monthly cell service for PW Monthly cell service for Code Enforcement Monthly cell service for Office U.S. Cellular	648.57 90.31 80.30 66.43	885.61
6/16/20	Pullin, Fowler, Flanagan,	May 2020 Legal Fees Pullin, Fowler, Flanagan, Brown & Poe	612.50	612.50
6/16/20	Advance Auto Parts	Wire Tie Advance Auto Parts	9.09	9.09
6/16/20	U.S. Cellular	Waste-1/4 cost of Monthly cell service for PW U.S. Cellular	90.30	90.30
6/17/20	Waste Management	65.92 tons of waste @ \$45.35 per ton disposed for service period of 06/01/2020-06/16/2020. Waste Management	2,989.52	2,989.52
6/17/20	Amazon	Phone Cords Amazon	16.42	16.42
6/18/20	Quill Corporation	PENS,SANITIZER,RULERS, LETTER OPENERS,CLEANING SUPPLY Quill Corporation	63.83	63.83
6/19/20	Sam Maxson	Reimbursement for new keyboard & mouse ordered from Amazon Sam Maxson	24.99	24.99
			<b>48,175.11</b>	<b>48,175.11</b>

**Water Board Account  
Purchase Journal  
For the Period From Jun 6, 2020 to Jun 19, 2020**

Filter Criteria includes: 1) Includes Drop Shipments. Report order is by Date. Report is printed in Detail Format.

<b>Date</b>	<b>Name</b>	<b>Line Description</b>	<b>Debit Amount</b>	<b>Credit Amount</b>
6/6/20	Jarco Enterprises LLC	1/2 cost of repair to pipe trailer Jarco Enterprises LLC	224.25	224.25
6/6/20	Cintas	1/4 cost of uniforms Cintas	118.92	118.92
6/6/20	North 79 Trailer Sales	1/2 cost of hanger kit, dust caps, nylon bushings for pipe trailer North 79 Trailer Sales	38.69	38.69
6/6/20	Sandy's Hardware	1/4 cost of air conditioner and cooler Sandy's Hardware	137.25	137.25
6/6/20	Advance Auto Parts	1/4 cost of Degreaser Advance Auto Parts	32.19	32.19
6/6/20	Airgas-Mid America	1/4 cost of monthly cylinder rentals Airgas-Mid America	71.03	71.03
6/8/20	Nutter Fort Payroll Account	Bi-weekly Oper. labor Bi-weekly transmission line repair Bi-weekly meter reading labor Bi-weekly customer collection labor Nutter Fort Payroll Account	3,760.71 128.52 216.80 2,112.40	6,218.43
6/8/20	Nutter Fort Payroll Account	Bi-weekly FICA/Medicare Tax Nutter Fort Payroll Account	483.81	483.81
6/8/20	Nutter Fort Payroll Account	Mayor's monthly salary expense Nutter Fort Payroll Account	150.00	150.00
6/9/20	Lowes Business Account	1/4 cost of shop cleaning supplies Lowes Business Account	57.24	57.24
6/9/20	The Cincinnati Insurance Comp	1/2 cost of WVDOH ROW Bond 6782688 The Cincinnati Insurance Company	500.00	500.00
6/9/20	Reliance Laboratories	Quarterly HAA5's & THM water sample testing Reliance Laboratories	175.00	175.00
6/9/20	Reliance Laboratories	Lead and Copper Sample Testing Reliance Laboratories	462.00	462.00
6/11/20	SuperAmerica Group	Water dept fuel SuperAmerica Group	232.96	232.96
6/11/20	Brickstreet Mutual Insurance Co	Worker's Compensation Installation FY 20/21 - Water Brickstreet Mutual Insurance Co.	1,633.00	1,633.00

**Water Board Account  
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<b>Date</b>	<b>Name</b>	<b>Line Description</b>	<b>Debit Amount</b>	<b>Credit Amount</b>
6/12/20	Sandy's Hardware	1/4 of Form Boards for concrete at shop Sandy's Hardware	99.52	99.52
6/15/20	City of Nutter Fort	15% charge for monthly water and sewer service for all departments City of Nutter Fort	45.73	45.73
6/15/20	Citynet LLC	15% cost of internet and phone Citynet LLC	77.26	77.26
6/16/20	US Cellular	1/4 cost of Monthly cell service for PW US Cellular	90.30	90.30
			<b>10,847.58</b>	<b>10,847.58</b>
			<b>10,847.58</b>	<b>10,847.58</b>



MN006-W300, 9800 Health Care Lane  
Minnetonka, MN 55343  
Tel: 1-866-432-5992; Fax: 1-855-208-8348

04/21/2020

CLARKSBURG ASSOC LLC  
PO BOX 1638  
CLARKSBURG, WV 26302-1638

5002071

Re: TOWN OF NUTTER FORT  
Policy number: 0583622  
Renewal date: 07/01/2020

Dear Agent:

Enclosed is a copy of the UnitedHealthcare renewal package for TOWN OF NUTTER FORT.

If you have any questions about this material, please contact your UnitedHealthcare Renewal Representative.

Thank you again for your business. We look forward to our continued relationship.

Sincerely,  
Your Renewal Account Executive

Note: Your client's renewal package contains additional document(s):

- WV Compliance Notice

To view these documents, visit [UnitedeServices.com](http://UnitedeServices.com) in the Broker Forms section

002071

TOWN OF NUTTER FORT 0583622 07/01/2020



MN006-W300, 9800 Health Care Lane  
Minnetonka, MN 55343  
Tel: 1-866-432-5992; Fax: 1-855-208-8348

04/22/2020

TOWN OF NUTTER FORT  
JULIA FOLEY/LESLIE CUMMINGS  
1415 BUCKHANNON PIKE  
NUTTER FORT, WV 26301-0000

1002071

Re: TOWN OF NUTTER FORT  
Policy number: 0583622  
Renewal date: 07/01/2020

Dear JULIA FOLEY/LESLIE CUMMINGS:

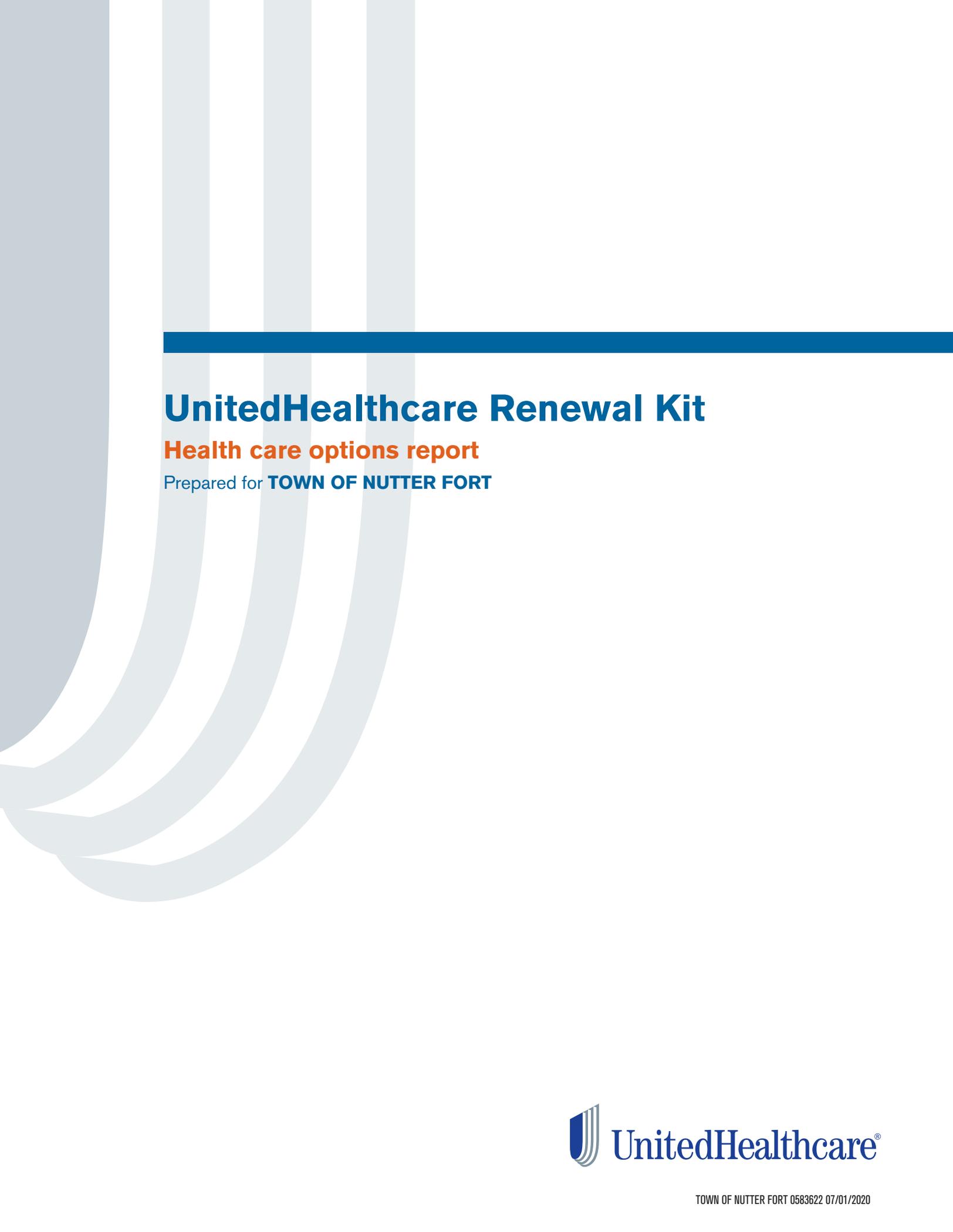
Thank you for allowing UnitedHealthcare to serve your specialty benefit plan needs for the past year. Now it's time to begin making plans for the coming year. This packet contains your customized renewal package, which will allow you to determine which plan, or plans, best meet your business needs for the coming year.

If you wish to retain your existing benefit plan, you do not need to take any action. If we do not hear from you by 06/11/2020, your coverage will automatically renew, and your invoice will reflect the renewal rates.

Sincerely,  
Your Renewal Account Executive  
CC: CLARKSBURG ASSOC LLC

002071

TOWN OF NUTTER FORT 0583622 07/01/2020



# UnitedHealthcare Renewal Kit

## Health care options report

Prepared for **TOWN OF NUTTER FORT**





**Contact your broker  
or UnitedHealthcare  
representative for  
more information.**

## **Our Specialty and Medical products are even better together**

Some things are just better together, and offering UnitedHealthcare medical with one or more of our specialty products is a terrific example of that.

Advantages for you and your employees include:

- ▶ Potential wellness and productivity gains.
- ▶ Convenience with one carrier for all products.
- ▶ Savings with the Packaged Savings® program.
- ▶ One account management team.
- ▶ One eligibility and enrollment process.
- ▶ One dedicated customer service line and member website.
- ▶ Online benefits administrative tools via EmployereServices® ([www.EmployereServices.com](http://www.EmployereServices.com)).

## Personal Overview

### TOWN OF NUTTER FORT

Policy number: 0583622

Renewal date: 07/01/2020

## How to use this document:

<b>Review</b>	your current specialty coverage and offers.	3
<b>Decide</b>	on your elections.	5
<b>Submit</b>	your election forms via email or fax.	6
<b>Supporting Documentation</b>		
	Census and Detailed Rates	7

# Boost benefits while controlling costs.

## Vision with clear benefits.

Choice and savings, with flexible options for funding, design and copays, frequency and custom benefit solutions.<sup>1</sup>

### With Vision:

- Generous frame allowances.
- Standard scratch-resistant coating.
- Polycarbonate lenses for children.
- Optional covered-in-full contact lens.
- Network of 100,000+ private and retail vision providers, including Costco Optical, Target Optical and Warby Parker.<sup>3</sup>

### Competitive discounts on:

- Popular contact lens brands.
- LASIK at QualSight® LASIK.<sup>2</sup>
- Custom-programmed hearing aids from UnitedHealthcare Hearing.
- Non-prescription sunglasses.

## Dental worth smiling about.

Flexible plans to fit your budget and employee needs.<sup>1</sup>

### With Dental:

- Oral cancer screening benefit.
- Prenatal dental care benefit.
- Orthodontia benefits.<sup>4</sup>
- Option to add extra cleanings, white fillings and dental implants.
- Growing national network of more than 106,000 dentists.<sup>3</sup>

### Reward healthy habits.

Add plan features that help keep costs down, while rewarding employees who get their routine dental care.

- Consumer MaxMultiplier®<sup>5</sup>
- Preventive MaxMultiplier.<sup>6</sup>

## Life and Disability worth securing.

Our plans offer more than financial protection, they help your employees get through challenging times.<sup>1</sup>

### With Life:

- Will & Trust preparation.
- Grief, legal and financial support.
- Wealth management.
- Travel assistance.

### With Disability:

- Return-to-work services.
- Workplace modification.
- Employee Assistance Program.
- Telephonic claim support.

## Fund it your way.

- Employee-paid (voluntary)
- Employer-paid
- Shared funding

**Offering voluntary can help keep your costs down while still being able to offer your employees extra benefits at competitive group rates.**

## See savings and simplicity.

Add a fully insured health plan to a UnitedHealthcare specialty plan and you'll lower your health plan cost while simplifying benefit administration.

**A group with 25 enrolled health plan employees with dental, vision and life bundled could save up to:**

**\$1,800<sup>7</sup>**

Estimate your savings and learn more at [uhc.com/bundle](https://uhc.com/bundle).



**Ask for a quote today.**

<sup>1</sup> Benefits and programs may not be available in all states or for all group sizes. Plans may vary and components are subject to change. For costs and complete details of the coverage, contact your broker or UnitedHealthcare sales representative.

<sup>2</sup> Not all providers participate in all plans.

<sup>3</sup> UnitedHealthcare internal report, January 2018.

<sup>4</sup> Orthodontia coverage is available for companies who have 10 or more employees with a minimum of eight enrolled members.

<sup>5</sup> Consumer MaxMultiplier required participation is 2 or more eligible employees when there are waiting periods; and endodontics, periodontics and oral surgery are Class III (Major). These stipulations do not apply for groups with 10 or more eligible employees.

<sup>6</sup> Preventive MaxMultiplier required participation is 10 or more eligible employees.

<sup>7</sup> Example for illustrative purposes. Savings calculated based on health plan administration credits of \$3 for dental, \$2 for vision and \$1 for life which are multiplied by the number of employees enrolled in the medical plan over a 12 month period. Savings may vary and are not a guarantee of individual results. Minimum participation requirements may apply. Please consult your broker or UnitedHealthcare representative for terms and conditions.

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## Dental Renewal

	Employee	Empl + Spouse	Empl + Child	Empl + Fam	Monthly Premium
<b>Plan: I1213 / Type: VIND</b>					
<b>Enrollment</b>	8	1	1	6	
<b>Current Rate</b>	\$38.33	\$76.66	\$76.66	\$117.02	\$1,162.08
<b>Renewal Rate</b>	\$38.33	\$76.66	\$76.66	\$117.02	\$1,162.08

Change from current: **0.0%**

- Dental plans have a 12 month guarantee from the contract issuance. The rates will be effective through 06/30/2021. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- Ask about our Consumer Max Multiplier! This consumer driven benefit allows members to carry forward a portion of their unused annual dental maximum into an account for future use.

## Lifetime Deductible Dental benefit summary

	Benefit	In/Out		Benefit	In/Out
<b>Plan Maximums</b>	Annual In/Out of Network	NA/ \$1,000	<b>Coinsurance</b>	Preventative	NA / 100%
	Ortho Lifetime	NA/ NA		Minor Restore	NA / 80%
<b>Deductible</b>	Individual/Family	100/ 100		Endo/Perio/Oral*	NA / 50%
<b>Waiting Period</b>	Major Services	12 mos		Major Services	NA / 50%
				Orthodontia	NA / NA

\* Please refer to your benefit summary or certificate of coverage for a more detailed view of the benefit coverage for services within these categories as some plans may have benefits that differ from what we are able to display here.

## Basic Life AD&D options

	Enrollment	Benefit	Volume	Rate	Total	Monthly Premium
<b>Life Insurance</b>	16	\$25,000	\$400,000	\$0.32 per 1,000	\$128.00	
<b>AD&amp;D Insurance</b>	16	\$25,000	\$400,000	\$0.02 per 1,000	\$8.00	\$136.00

Life AD&D Quote Assumptions:

- Basic Life/AD&D plans have a 24 month guarantee from contract issuance. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- All coverage terminates at retirement.
- If you choose to offer \$25,000 or more in base life insurance, the Packaged Savings Program may apply. Packaged Savings may not be available in all states or for all group sizes.

## Vision options

	Quote 1		Quote 2		Quote 3		Quote 4	
	Plan SF012 Type 100% ER PAID/0% DEP PAID		Plan SF010 Type 100% ER PAID/0% DEP PAID		Plan SF008 Type VOLUNTARY		Plan SF006 Type VOLUNTARY	
	Benefit	Copay	Benefit	Copay	Benefit	Copay	Benefit	Copay
<b>Services &amp; Materials</b>	Exam	\$10	Exam	\$10	Exam	\$10	Exam	\$10
	Frm/Lens/Cntct	\$25	Frm/Lens/Cntct	\$25	Frm/Lens/Cntct	\$25	Frm/Lens/Cntct	\$25
<b>Frequencies</b>	Exam	1x per 12 mos.	Exam	1x per 12 mos.	Exam	1x per 12 mos.	Exam	1x per 12 mos.
	Lenses	1x per 12 mos.	Lenses	1x per 12 mos.	Lenses	1x per 12 mos.	Lenses	1x per 12 mos.
	Frames	1x per 24 mos.	Frames	1x per 12 mos.	Frames	1x per 24 mos.	Frames	1x per 12 mos.
<b>Enrollment Rates</b>	Tier	Monthly Rate	Tier	Monthly Rate	Tier	Monthly Rate	Tier	Monthly Rate
	Empl	\$4.35	Empl	\$4.67	Empl	\$5.28	Empl	\$5.67
	Empl + Spouse	\$9.14	Empl + Spouse	\$9.82	Empl + Spouse	\$10.02	Empl + Spouse	\$10.77
	Empl + Child	\$10.72	Empl + Child	\$11.52	Empl + Child	\$11.76	Empl + Child	\$12.63
	Empl + Family	\$15.82	Empl + Family	\$17.00	Empl + Family	\$16.55	Empl + Family	\$17.78
<b>Monthly Premium</b>	<b>\$149.58</b>		<b>\$160.70</b>		<b>\$163.32</b>		<b>\$175.44</b>	

Vision plans have a 24 month guarantee from contract issuance. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure. To complement the pediatric vision coverage included as an Essential Health Benefit in UnitedHealthcare medical plans, four vision options are included as part of this renewal package. Your Renewal Account Executive (RAE) or Renewal Account Consultant (RAC) is available to review your options to provide a consistent and comprehensive family vision experience. If you choose to offer an employer-paid plan, the Packaged Savings Program may apply. Packaged Savings may not be available in all states or for all group sizes.



# Consider our Medical Plans.

Designed to **Meet Your Needs.**

Now's the time to get the conversation started. A well-designed health plan, combined with the largest single proprietary network of doctors and hospitals in the nation, can be an integral part of your benefits strategy to help manage costs now and in the future. **UnitedHealthcare offers a wide range of choices in plans, benefit designs and funding options.** And every plan contains a range of wellness, decision support, behavioral health, care management and complex condition management options. **Ask your broker or UnitedHealthcare representative to work with you to design and position your health plan for success.**

## Delivering on what you value most.

**98%** We have the broadest national network available, reaching 98% of the United States population<sup>1</sup> in all 50 states, and includes 751,000 physicians.

**95%** reported member satisfaction rating.<sup>2</sup>

**93%** Customer Service requests resolved on the very first call.<sup>3</sup>

**99%** claims paid accurately.<sup>4</sup>

At UnitedHealthcare, we connect you to resources and options when it comes to your health care coverage:

- ▶ **Flexible Plans**
- ▶ **Personalized Service**
- ▶ **Innovative Tools**



**Contact your UnitedHealthcare Representative or your broker today.**

<sup>1</sup> UnitedHealth Network Access internal analysis, January 1, 2012.

<sup>2</sup> United Experience Survey, 2012.

<sup>3</sup> UnitedHealthcare service data, December 2010.

<sup>4</sup> American Medical Association, 2013 National Health Insurer Report Card.

# Decide

It's time to select your coverage and determine which plan(s) are best for your business.

## 1 Change or add specialty coverage.

<b>1</b>	<b>Specialty product selection:</b>
UnitedHealthcare has a comprehensive product portfolio with a variety of options. In addition to dental, vision and life we also offer short-term and long-term care out to your Renewal Account Executive.	
Basic Life/ AD&D	<b>Add</b> <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Benefit level</b> \$ _____
	<b>Add</b> <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Plan name</b> _____
Vision	<input type="checkbox"/> <input type="checkbox"/> _____
	<b>Add</b> <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Plan name</b> _____
Dental	<input type="checkbox"/> <input type="checkbox"/> _____

## 2 Sign and send your renewal change form.

<b>2</b>	<b>Sign and send:</b>
I understand that non-medical coverage, if any, will be insured through its affiliates.	
Full legal name of employer/firm: _____	
Date signed: _____ <small>(month/day/year)</small>	
Signed by: _____ <small>(Employer signature)</small>	
<b>Submit</b> Renewal change form	

# Renewal change form

Policy number: 0583622  
Renewal date: 07/01/2020  
Employer name: TOWN OF NUTTER FORT  
1415 BUCKHANNON PIKE  
NUTTER FORT, WV 26301-0000

## 1 Specialty product selection:

UnitedHealthcare has a comprehensive product portfolio with a wide variety of plan options to meet your needs. In addition to dental, vision and life we also offer short-term and long-term disability plans. To request a specialty quote, reach out to your Renewal Account Executive.

	Add	Change	Plan name
Dental	<input type="checkbox"/>	<input type="checkbox"/>	_____
Basic Life/ AD&D	Add	Change	Benefit level
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	Add	Change	Plan name
Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please contact your broker or UnitedHealthcare representative if you have any questions on the above or any other specialty products.

## 2 Sign and send:

I understand that non-medical coverage, if any, will be insured by UnitedHealthcare Insurance Company or one of its affiliates.

Full legal name of employer/firm: \_\_\_\_\_

Date signed: \_\_\_\_\_  
(month/day/year)

Signed by: \_\_\_\_\_  
(Employer signature)

**Submit**  
Renewal change form

- ▶ Indicate coverage changes and **submit your renewal change form** by fax to **1-855-208-8348** by 06/11/2020, or e-mail us at **plan\_changes@uhc.com**.
- ▶ **If you have questions** or wish to discuss your coverage options contact your broker or UnitedHealthcare Renewal Representative.

# Appendix

## Appendix A: Employee enrollment detail and rates

Covered Employee	Age	Sex	Dep Cov <sup>1</sup>	Empl Status	Spo Age	Child Count	Dental Renewal
WENDY BESS	47	F	F	A	55		\$117.02
LESLIE CUMMINGS	44	F	F	A	43		\$117.02
JULIA FOLEY	54	F	S	A	55		\$76.66
KENNETH FRIEND	47	M	E	A			\$38.33
RONALD GODWIN	55	M	F	A	50		\$117.02
JEREMY HADDIX	42	M	F	A	37		\$117.02
TAYLOR KEITH	32	M	E	A			\$38.33
VICTORIA KERNS	46	F	E	A			\$38.33
FRANK MAYER	28	M	E	A			\$38.33
JAMES MCMANUS II	39	M	F	A	37		\$117.02
SCOTT MILLS	50	M	E	A			\$38.33
BRANDON MOLLOHAN	21	M	E	A			\$38.33
JOSEPH PRESTON	19	M	E	A			\$38.33
CHRISTOPHER SHINGLETON	40	M	C	A			\$76.66
THURMAN WOLFE	56	M	E	A			\$38.33
JAMES YOUNG	44	M	F	A	44		\$117.02
<b>Total Premium</b>							<b>\$1,162.08</b>

<sup>1</sup> E = Employee only, S = Employee + Spouse, C = Employee + Child, F = Employee + Family



**Health plans are not all alike, and neither are health insurance companies. At UnitedHealthcare, we connect you to more of what matters.**

In times of change, it helps to have someone you can rely on. Count on our experience and expertise to help you navigate the changing health care landscape. At UnitedHealthcare, we are committed to delivering the right benefits solution for your business through innovative products and services that may lead people toward better health.

And the quality work we do is getting noticed:



Ranked #1 by **FORTUNE® Magazine** in health care insurance in its 2012 and 2013 rankings of "World's Most Admired Companies"<sup>1</sup>



Ranked #1 by the **American Medical Association** for claim payment accuracy two years running<sup>2</sup>



The **American Customer Satisfaction Index (ACSI)** ranked UnitedHealth Group first in the insurance category for 2011<sup>3</sup>



Named to the **2012 Information Week 500**, a list of America's top technology innovators<sup>4</sup>

<sup>1</sup>FORTUNE is a registered trademark of Time, Inc. FORTUNE and Time, Inc. are not affiliated with, and do not endorse products or services of UnitedHealth Group

<sup>2</sup>American Medical Association, 2012 National Health Insurer Report Card survey.

<sup>3</sup>American Customer Satisfaction Index (ACSI) Q1, 2011

<sup>4</sup>informationweek.com/iw500/



## Notice of Utilization Review & Benefit Determination Procedures – West Virginia

As required by the state of West Virginia, this notice is to help you understand how decisions are made regarding whether or not certain services are covered under your benefit plan. Your plan benefits are limited to the Covered Health Services outlined in your benefit plan documents, such as the Certificate of Coverage (COC), Schedule of Benefits, and any Riders and/or amendments. Benefit coverage is subject to the terms, conditions, exclusions and limitations of the policy, as agreed upon between UnitedHealthcare and the Enrolling Group (such as your employer) offering you your benefit plan.

Before receiving care, you should check your COC to see if the service is covered under your plan. Some services may require you to get approval from UnitedHealthcare before you receive the service. To confirm whether or not a service is covered, call the phone number listed in your plan documents or on your health plan ID card. UnitedHealthcare has several procedures in place for determining benefit coverage as outlined below.

### Benefit Determinations

Benefit determinations—decisions as to whether your benefit plan will pay for any portion of the cost of a health care service you intend to receive or have received—are made according to the coverage terms, benefits, limitations and exclusions as provided in your benefit plan documents.

How much UnitedHealthcare pays toward Covered Health Services is determined by the benefit level as described in the Schedule of Benefits and subject to the terms, conditions, exclusions and limitations as explained in your benefit plan documents. This means we only pay our portion of the cost of Covered Health Services. You are responsible for paying for any remaining costs. You are responsible for paying all of the costs for non-covered (excluded) services.

Administration decisions are for payment purposes only. We do not make decisions about the kind of care you should or should not receive. You and your providers must make those treatment decisions.

### Utilization Review

Some services may require a formal review to determine if benefit coverage meets the requirements of the benefit plan offering. In addition, some services may require you to notify UnitedHealthcare, or get approval from UnitedHealthcare, before receiving the service in order to receive benefit coverage.

### Clinical Reviews (applies to medical plans only)

#### Clinical Coverage Review

Clinical Coverage Review (CCR) is a review of clinical and medical records to determine if a particular service should be covered according to benefit plan documents, state insurance laws, and state and federal mandates, as required. Evidence-based medical policy, standardized Coverage Determination Guidelines (CDGs), Utilization Review Guidelines (URGs), UnitedHealthcare Medical Technology Assessments, and nationally recognized clinical guidelines and criteria are used for clinical reviews by CCR staff. CCR Medical Directors talk with ordering physicians as needed to gather clinical information, or whenever requested by ordering physicians. All clinical non-coverage determinations are made by physicians. Notice of all review outcomes is communicated in accordance with applicable state, federal or accreditation requirements.



## Clinical Reviews (applies to medical plans only) – continued

Clinical coverage reviews are components of the following processes:

### **Prospective/Pre-service Review**

Prospective or pre-service review is an administrative or clinical review that is done before an inpatient admission, stay, other service or course of treatment including outpatient procedures and services. Pre-service reviews include eligibility verification and benefit plan interpretation, and may include review of medical necessity and appropriateness of care.

### **Prior Authorization/Pre-Certification**

Some plans may require you to get approval from UnitedHealthcare before receiving certain services in order to be covered under plan benefits. If you do not get Prior Authorization before receiving such services, you may be responsible for paying for the entire cost of the service. Coverage for these services may only be provided if the service is deemed medically necessary or meets specific requirements, as described in the benefit plan documents. Pre-certification is when a covered person is pre-approved to receive a particular medical service or prescription drug after an assessment to determine if the proposed services meet the clinical requirements for medical necessity, appropriateness, level of care, or effectiveness under the provisions of the applicable benefit plan.

### **Inpatient Care Management/Concurrent Review/Discharge Planning**

The Inpatient Care Management (ICM) and Skilled Nursing Facility (SNF) Specialist activities focus on helping patients in facilities, such as hospitals and nursing homes, access care at the appropriate time. Specialist nurses perform onsite or telephonic review using evidence-based national guidelines. Medical necessity determinations may be made if required by the benefit plan. The ICM consults with the hospital/SNF review team and/or attending physician to discuss any potential issues according to appropriate guidelines. Along with the ICM Medical Director, they review cases and discuss treatment plans with the treating physician to collaboratively facilitate access to care or alternate care settings.

If you have questions about a notification (coverage approval) or your use of medical services, or if you disagree with either a pre-service request for benefits determination or post-service claim determination, call the member phone number on your health plan ID card and ask to be connected to a representative in our Clinical Services unit.



Insurance coverage provided by or through UnitedHealthcare Insurance Company, and Optimum Choice, Inc.

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UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and associated COC form number DCOC.CER.06. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

Benefits for the UnitedHealthcare dental Select Managed Care plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. Plans sold in Texas use contract form number Select Managed Care.CNT.11.TX and associated EOC form number Select Managed Care.EOC.11.TX. The Select Managed Care plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware. **In CA, benefits for the UnitedHealthcare Dental Select Managed Care/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.**

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX(05/03) and UHCLD-POL 2/2008-TX, and in Virginia on LASD-POL(05/03) and UHCLD-POL 2/2008. UnitedHealthcare Insurance Company is located in Hartford, CT, and Unimerica Life Insurance Company is located in Milwaukee, WI.

The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states.

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Name	Website
GLASSESUSA.COM	<a href="http://www.glassesusa.com/vision-insurance">www.glassesusa.com/vision-insurance</a>
WARBY PARKER	<a href="http://www.warbyparker.com/insurance">www.warbyparker.com/insurance</a>

## Search Results

### See Important Notice About Participating Providers Below

Filter Results

Provider search total results: 100

Provider Specialties	Clinic Address	Phone-Exams Phone-Clinic	Distance	
	<b>EYEMART EXPRESS #14</b> 536 EMILY DR. CLARKSBURG, WV 26301	<b>Clinic</b> (304)566-4393	8.01 Miles	<a href="#">View</a>
<b>GATES, JEFFERY</b> OPTOMETRISTS	<b>THE VISION CENTER IN WALMART #1544</b> 550 EMILY DR CLARKSBURG, WV 26301	<b>Exams</b> (304)623-2892 <b>Clinic</b> (304)622-2494	8.13 Miles	<a href="#">View</a>
	<b>SAM'S CLUB OPTICAL #8189</b> 200 EMILY DR CLARKSBURG, WV 26301	<b>Clinic</b> (304)918-6055	8.23 Miles	<a href="#">View</a>
<b>KRESS, ROBERT</b> OPTOMETRISTS	<b>MYEYEDR</b> 920 W MAIN ST BRIDGEPORT, WV 26330	<b>Clinic</b> (304)842-4444	8.78 Miles	<a href="#">View</a>
<b>KRESS, THEODORE</b> OPTOMETRISTS	<b>MYEYEDR</b> 920 W MAIN ST BRIDGEPORT, WV 26330	<b>Clinic</b> (304)842-4444	8.78 Miles	<a href="#">View</a>
<b>ZALAR, MICHAEL</b> OPTOMETRISTS	<b>MYEYEDR</b> 920 W MAIN ST BRIDGEPORT, WV 26330	<b>Clinic</b> (304)842-4444	8.78 Miles	<a href="#">View</a>
<b>DIAMOND, MELISSA</b> OPTOMETRISTS	<b>JC PENNEY OPTICAL - 11058</b> 2500 MEADOWBROOK MALL BRIDGEPORT,...	<b>Clinic</b> (304)842-8331	8.84 Miles	<a href="#">View</a>
<b>ANGOTTI, LORI</b> OPTOMETRISTS	<b>LORI M ANGOTTI OD</b> 120 MEDICAL PARK DR BRIDGEPORT, WV 2...	<b>Clinic</b> (304)842-4000	10.88 Miles	<a href="#">View</a>
<b>ALPINO, RYAN</b> OPTOMETRISTS	<b>WALMART VISION CENTER #1714</b> 32 TYGART MALL LOOP FAIRMONT, WV 265...	<b>Clinic</b> (304)363-0832	16.42 Miles	<a href="#">View</a>
<b>DEMOTT-CAMP, JENNIFER</b> OPTOMETRISTS	<b>WALMART VISION CENTER #1714</b> 32 TYGART MALL LOOP FAIRMONT, WV 265...	<b>Clinic</b> (304)363-0832	16.42 Miles	<a href="#">View</a>

<b>SEESE, HOBART</b> OPTOMETRISTS	<b>WALMART VISION CENTER #1714</b> 32 TYGART MALL LOOP FAIRMONT, WV 265...	<b>Exams</b> (304)368-9393 <b>Clinic</b> (304)363-0832	16.42 Miles	<a href="#">View</a>
<b>LAUGHLIN, C DAVID</b> OPTOMETRISTS	<b>MYEYEDR</b> 405 LOCUST AVE FAIRMONT, WV 26554	<b>Clinic</b> (304)366-2020	20.64 Miles	<a href="#">View</a>
<b>VAN HORN, CHERYL</b> OPTOMETRISTS	<b>MYEYEDR</b> 405 LOCUST AVE FAIRMONT, WV 26554	<b>Clinic</b> (304)366-2020	20.64 Miles	<a href="#">View</a>
<b>WADE, J KEITH</b> OPTOMETRISTS	<b>MYEYEDR</b> 405 LOCUST AVE FAIRMONT, WV 26554	<b>Clinic</b> (304)366-2020	20.64 Miles	<a href="#">View</a>
<b>BENNETT, CHERYL</b> OPTOMETRISTS	<b>WALMART VISION CENTER #2809</b> 100 BUCKHANNON CROSSROADS BUCKHA...	<b>Exams</b> (304)472-7703 <b>Clinic</b> (304)472-7294	22.06 Miles	<a href="#">View</a>
<b>KRESS, ROBERT</b> OPTOMETRISTS	<b>MYEYEDR</b> 100 MAIN ST BUCKHANNON, WV 26201	<b>Clinic</b> (304)472-1235	22.34 Miles	<a href="#">View</a>
<b>KRESS, THEODORE</b> OPTOMETRISTS	<b>MYEYEDR</b> 100 MAIN ST BUCKHANNON, WV 26201	<b>Clinic</b> (304)472-1235	22.34 Miles	<a href="#">View</a>
<b>ABEL, BURTON</b> OPTOMETRISTS	<b>ABEL FAMILY EYECARE</b> 22 N KANAWHA ST BUCKHANNON, WV 262...	<b>Clinic</b> (304)460-7326	22.37 Miles	<a href="#">View</a>
<b>REESE, TIMOTHY</b> OPTOMETRISTS	<b>TIMOTHY S REESE, OD</b> 326 RT 20 SOUTH RD BUCKHANNON, WV 2...	<b>Clinic</b> (304)472-2433	24.95 Miles	<a href="#">View</a>

**REQUEST FOR REVISION TO APPROVED BUDGET**

Ora Ash, Deputy State Auditor  
 West Virginia State Auditor's Office  
**153 West Main Street, Suite C**  
 Clarksburg, WV 26301  
 Phone: 627-2415 ext. 5114  
 Fax: 627-2417

Subject to approval of the state auditor, the governing body requests that the budget be revised prior to the expenditure or obligation of funds for which no appropriation or insufficient appropriation currently exists. (§ 11-8-26a)

CONTROL NUMBER  
 Fiscal Year Ending: **2020**  
 Fund: **1**  
 Revision Number: **3**  
 Pages: **1 of 3**

Town of Nutter Fort  
 GOVERNMENT ENTITY

Person To Contact Regarding Request:  
 Name: **Leslie Cummings**  
 Phone: **304-622-7713**  
 Fax: **304-623-0288**

1415 Buckhannon Pike  
 STREET OR PO BOX  
 Nutter Fort 26301  
 CITY ZIP CODE

**Municipality**  
 Government Type

**REVENUES: (net each acct.)**

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	PREVIOUSLY APPROVED AMOUNT	(INCREASE)	(DECREASE)	REVISED AMOUNT
299	Unassigned Fund Balance	259,338	160,000		419,338
301-02-05	Prior Year Taxes	27,000		5,000	22,000
301-06	Supplemental Taxes	6,000	750		6,750
302	Tax Penalties, Interest & Publication Fees	1,700	200		1,900
304	Excise Tax on Utilities	65,000	6,500		71,500
305	Business and Occupation Tax	450,000	30,000		480,000
<b>NET INCREASE/(DECREASE) Revenues (ALL PAGES)</b>			<b>357,480</b>		

Explanation for Account # 378, Municipal Specific:

Explanation for Account # 369, Contributions from Other Funds:

**EXPENDITURES: (net each account category)**

(WV CODE 7-1-9)

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	PREVIOUSLY APPROVED AMOUNT	(INCREASE)	(DECREASE)	REVISED AMOUNT
408	Insurance Program (Self Insured)	16,850	500		17,350
410	City Council	10,850	150		11,000
413	Treasurer's Office	117,800	5,000		122,800
417	City Attorney	15,000	5,000		20,000
436	Building Inspection	54,700		2,000	52,700
438	Elections	450	250		700
440	City Hall	81,200	2,000		83,200
444	Contributions / Transfers to Other Funds	22,273	33,280		55,553
700	Police Department	420,500	31,900		452,400
706	Fire Department	158,075	10,000		168,075
750	Streets and Highways	220,300	13,350		233,650
<b>NET INCREASE/(DECREASE) Expenditures</b>			<b>357,480</b>		

**APPROVED BY THE STATE AUDITOR**  
 BY:  Date   
 Deputy State Auditor, Local Government Services Division

AUTHORIZED SIGNATURE OF ENTITY  APPROVAL DATE

**REVENUES (CONT)**

Town of Nutter Fort

LGSD: BR Town of Nutter Fort

CONTROL NUMBER: 2020 1 3  
 FY FUND REV #

BUDGET REVISION REQUEST-SUPPLEMENT

ACCOUNT NUMBER	ACCOUNT CATEGORY	PREVIOUSLY APPROVED AMOUNT	INCREASE	DECREASE	REVISED AMOUNT
306	Wine & Liquor Tax	70,000	20,000		90,000
320	Fines, Fees & Court Costs	25,150	12,030		37,180
325	Licenses	9,250	10,500		19,750
326	Building Permit Fees	11,400	3,600		15,000
327	Miscellaneous Permits	50	50		100
328	Franchise Fees	12,000	600		12,600
329	Inspection Fees	300	200		500
330	IRP Fees (Interstate Registration Plan)	8,500	5,100		13,600
341	Municipal Service Fees	7,000	3,200		10,200
350	Refuse Collection (Garbage and Trash Fees)	175,250	70,500		245,750
355	Street Fees	141,500	12,000		153,500
376	Gaming Income	7,500	1,000		8,500
380	Interest Earned on Investments	2,500	500		3,000
381	Reimbursements	20,000	17,000		37,000
382	Refunds and Rebates	19,000	1,500		20,500
391	Recycling Program	22,500	5,000		27,500
397	Video Lottery	7,600	1,500		9,100
399	Miscellaneous Revenues	4,800	750		5,550
	#N/A				
<b>NET INCREASE/(DECREASE) Revenues (THIS PAGE)</b>					<b>165,030</b>

Explanation for Account # 378, Municipal Specific:   
 Explanation for Account #369, Contributions from Other Funds:

**EXPENDITURES (CONT'D)**

Town of Nutter Fort

LGSD: BR Town of Nutter Fort

CONTROL NUMBER:

2020

1

3

FY

FUND

REV#

BUDGET REVISION REQUEST-SUPPLEMENT

ACCOUNT NUMBER	ACCOUNT CATEGORY	PREVIOUSLY APPROVED AMOUNT	INCREASE	DECREASE	REVISED AMOUNT
751	Street Lights	20,000	3,500		23,500
753	Snow Removal	15,600	1,400		17,000
755	Street Construction	30,000	202,000		232,000
800	Garbage Department	227,310	8,350		235,660
801	Landfill/Incinerator	75,000	15,000		90,000
802	Recycling Center	10,200	1,800		12,000
916	Library	22,000	25,000		47,000
699	Contingencies*	1,000	1,000		2,000
	#N/A				
<b>NET INCREASE/(DECREASE) Expenditures (this page)</b>					<b>258,050</b>

Ora Ash, Deputy State Auditor  
 West Virginia State Auditor's Office  
**153 West Main Street, Suite C**  
 Clarksburg, WV 26301  
 Phone: 627-2415 ext. 5114  
 Fax: 627-2417

**REQUEST FOR REVISION TO APPROVED BUDGET**

Subject to approval of the state auditor, the governing body requests that the budget be revised prior to the expenditure or obligation of funds for which no appropriation or insufficient appropriation currently exists. (§ 11-8-26a)

CONTROL NUMBER  
 Fiscal Year Ending: **2020**  
 Fund: **2**  
 Revision Number: **2**  
 Pages: **1 of 1**

Town of Nutter Fort  
 GOVERNMENT ENTITY

Person To Contact Regarding Request:  
 Name: **Leslie Cummings**  
 Phone: **304-622-7713**  
 Fax: **304-623-0288**

1415 Buckhannon Pike  
 STREET OR PO BOX  
 Nutter Fort 26301  
 CITY ZIP CODE

**Municipality**  
 Government Type

**REVENUES: (net each acct.)**

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	PREVIOUSLY APPROVED AMOUNT	(INCREASE)	(DECREASE)	REVISED AMOUNT
298	Assigned Fund Balance	2,633	17		2,650
310	Coal Severance Tax	4,000	1,000		5,000
	#N/A				

**NET INCREASE/(DECREASE) Revenues (ALL PAGES)** 1,017

Explanation for Account # 378, Municipal Specific:   
 Explanation for Account # 369, Contributions from Other Funds:

**EXPENDITURES: (net each account category)**

(WV CODE 7-1-9)

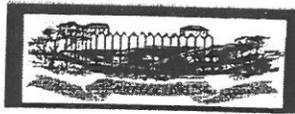
ACCOUNT NUMBER	ACCOUNT DESCRIPTION	PREVIOUSLY APPROVED AMOUNT	(INCREASE)	(DECREASE)	REVISED AMOUNT
413	Treasurer's Office	200	250		450
755	Street Construction	6,283	767		7,050
	#N/A				

**NET INCREASE/(DECREASE) Expenditures** 1,017

**APPROVED BY THE STATE AUDITOR**  
 BY:  Date   
 Deputy State Auditor, Local Government Services Division

AUTHORIZED SIGNATURE OF ENTITY  APPROVAL DATE

Town of Nutter Fort  
1415 Buckhannon Pike  
Nutter Fort, WV 26301



Telephone: 304-622-7713  
Fax: 304-623-0288  
Email: office@townofnutterfort.com

### Municipal License Application

Business Name: Prime Coffee Co  
DBA: \_\_\_\_\_  
Street Address: 1512 Buckhannon Pike  
City, State, Zip: Nutterfort WV 26301  
Contact Person: Amber D. Tucker  
Telephone: 304.669.5643  
Alt. Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: primecoffee@gmail.com

Federal Employer ID Number  
85-1170429

Social Security Number  
\_\_\_\_\_

**NEW REQUIREMENT!!**  
A vendor list must now accompany your license application and license fee. This list must include the vendor name, address, & telephone number.

- A. Date of West Virginia incorporation: 5-26-2020
- B. Date business began in Nutter Fort: \_\_\_\_\_
- C. Where are the business records kept? in lock box@home office
- D. Please check at what level you sell:  Retail  Wholesale  Manufacturing  Service
- E. Please check if you sell the following: Beer  Wine  Liquor  Soft drinks  Cigarettes   
If so, do you sell for consumption on the premises? Yes  No
- F. Does your business contain vending machines? Yes  No   
If so, who is the owner and their address? \_\_\_\_\_

- G. Does the business own the property on which it is located? Yes  No   
If you answered no, list the owner, their address & amount of rent charged per month: Jared Henry

Description of business: Coffee & Ice Cream Shop Monthly rental amount: \$1260.00  
→ 1200.00↑  
Ownership:  Sole-owner  Partnership  Corporation  Limited Liab. Co.  Other \_\_\_\_\_

- I. List all principal officers, proprietors, or any individual owning more than 25% of the business:
  1. Name: Amber D. Tucker Social Security # \_\_\_\_\_  
Address: Po Box 77 Telephone # 304.669.5643  
Reynoldsville WV 26472
  2. Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

# Howard Street Demolition

