REQUESTED BY: CITY MANAG	SER, BILL KOCHER			
DATE OF FIRST READING: FINAL ACTION DATE:	10-18-2016 WAIV	'E RULES?		NO NO
SUSPENSION OF TWO READING RULE:			ADOPTIO ORDINA	
YES NO	DENIZOE 1 11100		YES	NO
\perp	DENISE LINGO JENNIFER MOODY			
	ROBERT PARSONS	5		
	JEANNE GEORGE			
	JUDY PETERSEN			
	JOE ROETTING			
\leftarrow	KISHA DOSA			
	TOTALS			4
ORDINANCE NO. 10-180				

AN ORDINANCE ADOPTING THE PROCEDURE AUTHORIZED UNDER OHIO R.C. 3929.86 TO ENABLE THE CITY OF MT. HEALTHY TO RECEIVE INSURANCE PROCEEDS AS SECURITY FOR THE REPAIR OR REMOVAL OF FIRE DAMAGED STRUCTURES

WHEREAS, the City recognizes that fire damaged structures can constitute a nuisance and a threat to the health and safety of the citizens; and

WHEREAS, the City recognizes that fire damaged structures must be remediated as soon as possible; and

WHEREAS, the City needs funds to address such issues of repair and removal of fire damaged structures; and

WHEREAS, Section 3929.86 of the Ohio Revised Code authorizes municipalities to receive funds from insurance companies doing business in the State as security for repair, removal or securing of fire damaged structures by filing a copy of the enacting ordinance with the Ohio Superintendent of Insurance,

NOW THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF MT. HEALTHY, STATE OF OHIO:

SECTION 1. The procedures described in Ohio R.C. 3929.86(C) and (D) are hereby authorized and are to be implemented whereby no insurance company doing business in the State shall pay a claim of a named insured for fire damage to a structure located within this Municipality unless the applicable provisions of Ohio R.C. 3929.86 are fully complied with. The Fire Chief is hereby designated as the officer authorized to carry out the duties of Ohio R.C. 3929.86.

SECTION 2. The Clerk of Council is hereby directed to submit a certified copy of this Ordinance to the State Superintendent of Insurance.

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SECTION 3. This Ordinance shall be in full force and effect from and after the first date provided by law.

President of Council

Attest: Milani B

Clerk of Council

Approved this ____ day of _______, 2016.

Mayor