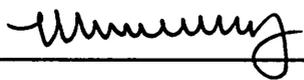


**TOWN COUNCIL MEASURE SUBMITTAL**

Date: 04/10/2023	Submitted by: Town Manager	Telephone #: 508-699-0100
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**MEASURE DESCRIPTION:**

FY24 Ambulance Receipt Reserve Account Transfer - CIP

Signed:  07 APR 23

**PURPOSE AND JUSTIFICATION:**

I hereby submit the following measure to the Town Council for its consideration and action:

"That the Town of North Attleborough appropriate and transfer the sum of \$122,000.00 from the Ambulance Receipt Reserve Account to the Capital Project - Other (Fund # 3000) for the purchase of the items listed below: "

Class V EMS Response Vehicle	\$68,000.00
Lucas CPR Device	\$54,000.00
Total:	\$122,000.00

**SPECIAL REQUIREMENTS:**

This measure requires a legal ad and a public hearing.

**ATTACHMENTS:**

**REFER TO SUB-COMMITTEE:**

Finance Sub-Committee