



Board of County Commissioners Agenda Request

2L

Agenda Item #

Requested Meeting Date: August 27, 2024

Title of Item: Affidavit for Duplicate of Lost Warrant

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	Action Requested: <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
Submitted by: Wendie Bright		Department: Auditor's Office
Presenter (Name and Title): N/A		Estimated Time Needed: N/A
Summary of Issue: Approve Affidavit for Duplicate of Lost Warrant: Warrant #86642 - Zach Johnson - Nov 24, 2021 - \$9.62		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: Approve Affidavit for Duplicate of Lost Warrant: Warrant #86642 - Zach Johnson - Nov 24, 2021 - \$9.62		
Financial Impact: Is there a cost associated with this request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What is the total cost, with tax and shipping? \$ Is this budgeted? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:		

AITKIN COUNTY

AFFIDAVIT OF FAILURE TO RECEIVE WARRANT
Made Pursuant to Minnesota Statutes, Section 16A.46



****THIS AFFIDAVIT MUST BE NOTARIZED****

State of Minnesota County of Aitkin
 Name: Zachary Willard Johnson
(AFFIANT'S NAME: INDIVIDUAL OR NAME OF BUSINESS)
 Officer's Name: _____ Officer Title: _____
(IF NOT BUSINESS, LEAVE BLANK)
 Address: 44412 State Highway 210 Aitkin MN 56431
(CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)
 Aitkin County Warrant Number: 86642 for meal reimbursement
(INSERT INVOICE OR VOUCHER INFORMATION)
 Issued 2021/Nov.24, to Zach Johnson
(INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT)
111 Minnesota Ave S #5 Aitkin MN 56431
(INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of 9 dollars and 62 cents dollars (\$ 9.62) Dollars,

☒ was never received by claimant
☐ was received by claimant in the usual course of business; that *

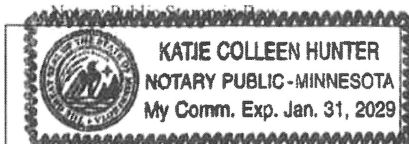
* NOTE: Use space to describe in detail what you did with or what happened to the warrant, giving correct names, addresses, dates, etc., in every instance.
 If additional space is required, use the reverse side.

If the original warrant ever comes into claimant's possession, said warrant will be promptly returned, in the same condition as when received, to AITKIN COUNTY AUDITOR'S OFFICE, 307 2nd Street NW, Room 121, Aitkin MN 56431, and that claimant will reimburse the County for any loss which may be sustained by reason of any false statement, fault, or act on claimant's part concerning the aforesaid matter; and, that this affidavit is made for the purpose of securing the issuance of a duplicate warrant in the aforesaid amount.

Notary Public:
 Subscribed and sworn to before me this
 day of August 12, 2024
[Signature]
 NOTARY PUBLIC SIGNATURE

My commission expires Jan 31, 2029

STATE OF: Minnesota
 COUNTY OF: Aitkin



You must sign this affidavit before a Notary Public:

[Signature]
 (Signature and Title of Affiant)

 (Signature and Title of Affiant)

NOTE: A replacement warrant will be issued after approval from the Aitkin County Board of Commissioners.