

Board of County Commissioners Agenda Request



Requested Meeting Date: October 22, 2024

Title of Item: Affidavit for Duplicate of Lost Warrant

	Action Requested:	Direction Requested
REGULAR AGENDA	✓ Approve/Deny Motion	Discussion Item
CONSENT AGENDA	Adopt Resolution (attach draft)	
	Hold Public Hearing *provide co	opy of hearing notice that was published
Submitted by:		Department:
Wendie Bright		Auditor's Office
Presenter (Name and Title): N/A		Estimated Time Needed: N/A
Summary of Issue:		
Approve Affidavit for Duplicate of Lost Municipal Order or Warrant:		
Warrant #91842 - Corelogic Tax Service - October 31, 2023 - \$3149.00		
		+
Alternatives, Options, Effects on Others/Comments:		
December 1 And a Winner (Bill a disc		
Recommended Action/Motion Approve Affidavit for Duplicate of L		
	ervice - October 31, 2023 - \$3149.00	
Financial Impact:		
Is there a cost associated with		✓ No
What is the total cost, with tax and shipping? \$ Is this budgeted? Yes No Please Explain:		
16 tills budgeted:	I THOUSE EXP	

AITKIN COUNTY

AFFIDAVIT OF FAILURE TO RECEIVE WARRANT



Made Pursuant to Minnesota Statutes, Section 16A 46

THIS AFFIDAVIT MUST BE NOTARIZED		
State of M County of Artlain		
Name: Orelogic ax Service		
Officer's Name: White ANDIVIDUAL OR NAME OF BUSINESS) Officer's Name: Officer Title: VERY OFFICER OFF		
Address: 300 Hack bern Rd W W TX 75063 (CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)		
Aitkin County Warrant Number: 482 91842 for Property tax overpayment		
Issued 10-31-2023 to (DYCLOGIC) (INSERT INVOICE OR VOUCHER INFORMATION)		
(INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT) (INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)		
In the amount of dollars (\$ 00) Dollars,		
was never received by claimant		
was received by claimant in the usual course of business; that *		
NOTE the second desired and the second secon		
* 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 2 nd 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 October 1, 2004 (Signature and Title of Affiant) You must sign this utilidavit before a Notary Public (Signature and Title of Affiant)		
NOTARY PUBLIC SIGNATURE (Signature and Title of Affiant)		
My commission expires 12-28-2005 Notary Public Stamp in Box:		
STATE OF: Eryn Hillary Andrews My Commission Expires 12/28/2025 Notary ID		
COUNTY OF: 130806190		