



Board of County Commissioners Agenda Request

20
Agenda Item #

Requested Meeting Date: 06/10/2025

Title of Item: Approve 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: Sara Math		Department: ACHHS Accounting
Presenter (Name and Title): N/A		Estimated Time Needed: N/A
Summary of Issue: Approve affidavit for Duplicate of Lost Municipal Order or Warrant: Advocates for Family Peace, warrant number 114249 dated January 31, 2025, in the amount of \$160.00		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: Approve affidavit for Duplicate of Lost Municipal Order or Warrant: Advocates for Family Peace, warrant number 114249 dated January 31, 2025, in the amount of \$160.00		
Financial Impact: <i>Is there a cost associated with this request?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

Legally binding agreements must have County Attorney approval prior to submission.

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: Advocates For Family Peace
(AFFIANTS NAME: INDIVIDUAL OR NAME OF BUSINESS)
Officer's Name: Colleen Chapin Officer Title: Executive Director
(IF NOT BUSINESS, LEAVE BLANK)
Address: 1611 NW Fourth Street, Grand Rapids, MN 55744
(CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)
Aitkin County Warrant Number: 114249 for supervised visitation
(INSERT INVOICE OR VOUCHER INFORMATION)
Issued 01/31/2025, to Advocates For Family Peace
(INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT)
1611 NW Fourth Street, Grand Rapids, MN 55744
(INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of One hundred sixty dollars (\$ 160.00) 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 HEALTH & HUMAN SERVICES, Attn: Accounting Department, 204 1st Street NW, 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 5/27/25

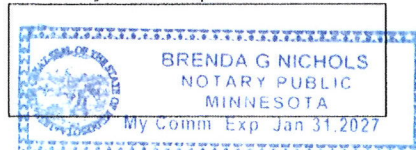
Brenda Nichols
NOTARY PUBLIC SIGNATURE

My commission expires 01/31/27

STATE OF: Minnesota

COUNTY OF: Itasca

Notary Public Stamp in Box:



You must sign this affidavit before a Notary Public:

Colleen Chapin
(Signature and Title of Affiant)
Executive Director
(Signature and Title of Affiant)

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

Aitkin County Health & Human Services – Attn: Accounting Department
204 1st Street NW, Aitkin MN 56431
Email: accounting@aitkincountymn.gov