

Morrow County Auditor - Conni McChesney

48 East High Street Room #7

Mt. Gilead, OHIO 43338

419.946.8055

REPLACEMENT WARRANT AFFIDAVIT

Name of Payee: _____

Warrant Number: _____

Address: _____

Warrant Amount: _____

A. I, a recipient of a Morrow County Warrant, hereby under penalty of falsification and/or fraud, that I and/or any one else:

_____ 1. Did not receive a Morrow County Warrant in the amount of \$ _____ due to it being lost stolen or destroyed.

_____ 2. Received a Morrow County Warrant in the amount of \$ _____ dated _____ but after receiving the check it was lost, stolen or destroyed.

_____ 3. Received a Morrow County Warrant in the amount of \$ _____ dated _____ but after endorsing it, the check was lost, stolen or destroyed.

B. I certify that if the issuing Morrow County Warrant originally issued to me is received at a later date, the warrant will be returned immediately to the Morrow County Auditor's Office.

(Must be signed in front of Notary) SIGNED: _____

Mailing Address: _____

Date: _____

Sworn to before me and subscribed by the said _____, in my presence

this _____ day of _____, 20 _____.

Notary Public Signature

My Commission expires on _____ day, 20 _____.