

Aitkin County Board of Commissioners
Request for County Board Action/Agenda Item Cover Sheet



To: Chairperson, Aitkin County Board of Commissioners Date: 05/12/14
Via: Roxy Traxler, Interim County Administrator
From: Roxy Traxler, Interim County Administrator

Title of Item:
Affidavit of Lost Warrant

Requested Meeting Date: 05/27/14 Estimated Presentation Time: _____

Presenter: _____

Type of Action Requested (check all that apply)

- For info only, no action requested
- For discussion only with possible future action
- Let/Award Bid or Quote (attach copy of basic bid/quote specs or summary of complex specs, each bid/quote received & bid/quote comparison)
- Approve/adopt proposal by motion
- Authorize filling vacant staff position
- Request to schedule public hearing or sale
- Request by member of the public to be heard
- Item should be addressed in closed session under MN Statute _____
- Approve under Consent Agenda
- Adopt Ordinance Revision
- Approve/adopt proposal by resolution (attach draft resolution)
- Other (please list) Request for reissuance

Fiscal Impact (check all that apply)

Is this item in the current approved budget? Yes No _____ (attach explanation)
What type of expenditure is this? Operating Capital Other (attach explanation)
Revenue line account # that funds this item is: _____
Expenditure line account # for this item is: multiple account numbers

Staffing Impact (Any yes answer requires a review by Human Resources Manager before going to the board)

Duties of a department employee(s) may be materially affected. Yes No
Applicable job description(s) may require revision. Yes No
Item may impact a bargaining unit agreement or county work policy. Yes No
Item may change the department's authorized staffing level. Yes No



Supporting Attachment(s)

- Memorandum Summary of Item
- Copy of applicable county policy and/or ordinance (excerpts acceptable)
- Copy of applicable state/federal statute/regulation (excerpts acceptable)
- Copy of applicable contract and/or agreement
- Original bid spec or quote request (excluding complex construction projects)
- Bids/quotes received (excluding complex construction projects, provide comparison worksheet)
- Bid/quote comparison worksheet
- Draft County Board resolution
- Plat approval check-list and supporting documents
- Copy of previous minutes related to this issue
- Other supporting document(s) (please list) Affidavits

Provide (1) copy of supporting documentation NO LATER THAN Wednesday at Noon to make the Board's agenda for the following Tuesday. (If your packet contains colored copies, please provide (4) paper copies of supporting documentation as we do not have a color printer or copier.) Items WILL NOT

STATE OF MINNESOTA,)

County of Aitkin)

) ss.

Department of Human Services-SWIFT

Being duly sworn, on oath says; that he is the owner of a certain Warrant

Dated the 17th day of December, Numbered 90473

Issued by Aitkin County Health and Human Services to

Department of Human Services-SWIFT in the sum of

\$ 7667.25, has been LOST in the manner following, to-wit:

(“Lost” or “Destroyed”)

Did not receive in the mail.

and that he makes this affidavit for the purpose of having a duplicate thereof issued to him according to law; and to that end herewith files his indemnifying bond, with sureties to be approved, in a sum equal to double the amount of said WARRANT

Client Signature* [Signature] *

Subscribed and sworn to before me this 12th day of May, 2014.

Betty R Lindell

Notary Public Dakota County, Minnesota

My Commission Expires Jan 31, 2018



STATE OF MINNESOTA,

County of Aitkin

) ss.

Department of Human Services-SWIFT

Being duly sworn, on oath says; that he is the owner of a certain Warrant

Dated the 25th day of March, Numbered 100346

Issued by Aitkin County Health and Human Services to

Department of Human Services-SWIFT in the sum of

\$ 2404.66, has been LOST in the manner following, to-wit:

(“Lost” or “Destroyed”)

Did not receive in the mail.

and that he makes this affidavit for the purpose of having a duplicate thereof issued to him according to law; and to that end herewith files his indemnifying bond, with sureties to be approved, in a sum equal to double the amount of said WARRANT

Client Signature* [Signature]*

Subscribed and sworn to before me this 12 day of May, 2014.

Betty R Lindell

Notary Public Dakota County, Minnesota

My Commission Expires Jan 31, 2018



STATE OF MINNESOTA,)

) ss.

County of Aitkin

Department of Human Services-SWIFT

Being duly sworn, on oath says; that he is the owner of a certain Warrant

Dated the 25th day of March, Numbered 100319

Issued by Aitkin County Health and Human Services to

Department of Human Services-SWIFT in the sum of

\$ 5096.43, has been LOST in the manner following, to-wit:

(“Lost” or “Destroyed”)

Did not receive in the mail.

and that he makes this affidavit for the purpose of having a duplicate thereof issued to him according to law; and to that end herewith files his indemnifying bond, with sureties to be approved, in a sum equal to double the amount of said WARRANT.

Client Signature* [Signature] *

Subscribed and sworn to before me this 12 day of May, 2014.

Betty R Lindell

Notary Public Dakota County, Minnesota

My Commission Expires Jan 31, 2018

