



Board of County Commissioners Agenda Request



Requested Meeting Date: 01/26/2021

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: Chris Springer	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: Eyecare Center of McGregor, warrant number 111549 dated December 10, 2020, in the amount of \$109.00		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: Approve affidavit for Duplicate of Lost Municipal Order or Warrant: Eyecare Center of McGregor, warrant number 111549 dated December 10, 2020, in the amount of \$109.00		
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 <i>Please Explain:</i>		

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

STATE OF MINNESOTA,)

) ss.

County of Aitkin) Eyecare Center of McGregor

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

Dated the 10th day of December 2020, Numbered 111549

Issued by Aitkin County Health and Human Services to

Eyecare Center of McGregor in the

sum of

\$ 109.00, has been LOST in the manner following, to-wit:
("Lost" or "Destroyed")

Did not receive in the mail.

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

Client Signature* [Handwritten Signature] *

Subscribed and sworn to before me this 13th day of January, 2021.



Notary Public [Handwritten Signature] Aitkin County, Minnesota

My Commission Expires 1-31-2025