AITKIN COUNTY
EST 1857

Board of County Commissioners
Agenda Request

Requested Meeting Date: April 25, 2023

Title of Item: Approve Affidavit for Duplicate of Lost Warrant

Agenda Item # 2M

☐ REGULAR AGENDA	**Action Requested:**	☐ Direction Requested
☑ CONSENT AGENDA	☑ Approve/Deny Motion	☐ Discussion Item
☐ INFORMATION ONLY	☐ Adopt Resolution (attach draft)	☐ Hold Public Hearing*
		provide copy of hearing notice that was published

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 Last Municipal Order or Warrant:
Members Cooperative Credit Union, warrant number 110534 dated November 26, 2019, in the amount of $208.00

Alternatives, Options, Effects on Others/Comments:

Recommended Action/Motion:
Approve affidavit for Duplicate of Lost Municipal Order or Warrant:
Members Cooperative Credit Union, warrant number 110534 dated November 26, 2019, in the amount of $208.00

Financial Impact:
Is there a cost associated with this request?   ☐ Yes   ☑ No
What is the total cost, with tax and shipping? $
Is this budgeted?   ☐ Yes   ☐ No   *Please Explain:*

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

STATE OF MINNESOTA,   )
) ss.
County of _____Aitkin_____   )   _____Member's Cooperative Credit Union_____,

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

Dated the _____26th_____ day of _____November 2019_____, Numbered _____110534_____,

Issued by _____Aitkin County Health and Human Services_____ to

_____Member's Cooperative Credit Union_____ in the sum of

$_____208.00_____, has been _____Lost_____ in the manner following, to-wit:
                                   ("Lost" or "Destroyed")

Did not receive in the mail

and that he/she makes this affidavit for the purpose of having a duplicate thereof issued to him/her according

to law; and to that end herewith files his/her 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 _____April_____, 2023.

_____Justn Riemer_____ [signature]
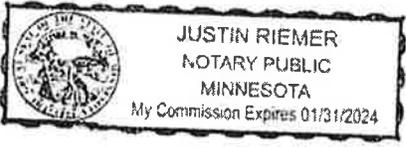
Notary Public _____St. Louis_____ County, Minnesota

My Commission Expires _____1/31/24_____