



# Board of County Commissioners Agenda Request

**2N**  
Agenda Item #

**Requested Meeting Date:** Dec 17, 2024

**Title of Item:** Affidavit for Duplicate of Lost Warrant

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <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*
<b>Submitted by:</b> Wendie Bright		<b>Department:</b> Auditor's Office
<b>Presenter (Name and Title):</b> N/A		<b>Estimated Time Needed:</b> N/A
<b>Summary of Issue:</b> Approve Affidavit for Duplicate of Lost Warrant: Warrant #92831- Gabby Rono - March 1, 2024 - \$158.46		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b> Approve Affidavit for Duplicate of Lost Warrant: Warrant #92831- Gabby Rono - March 1, 2024 - \$158.46		
<b>Financial Impact:</b> 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>		

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: Gabby Rono  
(AFFIANTS NAME: INDIVIDUAL OR NAME OF BUSINESS)

Officer's Name: \_\_\_\_\_ Officer Title: \_\_\_\_\_  
(IF NOT BUSINESS, LEAVE BLANK)

Address: 34969 383rd Pl, Aitkin MN 56431  
(CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)

Aitkin County Warrant Number: 92831 for Mileage for Training in St Paul  
(INSERT INVOICE OR VOUCHER INFORMATION)

Issued 03/01/2024, to Gabby Rono  
(INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT)

26815 US Hwy 169, Aitkin MN 56431  
(INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of one hundred fifty eight and 46/100 dollars (\$ 158.46 ) 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 AUDITOR'S OFFICE, 307 2<sup>nd</sup> Street NW, Room 121, 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.

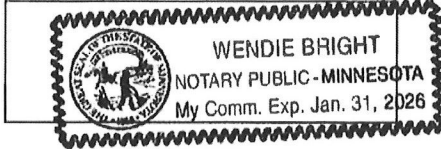
Notary Public:  
Subscribed and sworn to before me this  
day of 12/31/24  
Wendie Bright  
NOTARY PUBLIC SIGNATURE

You must sign this affidavit before a Notary Public:  
Gabby Rono  
Signature and Title of Affiant  
  
(Signature and Title of Affiant)

My commission expires Jan 31, 2026

STATE OF: Minnesota  
COUNTY OF: Aitkin

Notary Public Stamp in Box:



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