



# Board of County Commissioners Agenda Request

**2L**  
Agenda Item #

**Requested Meeting Date:** February 25, 2025

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

<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 #91783 - Christopher M Johnson - Oct 27, 2023		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b> Approve Affidavit for Duplicate of Lost Warrant: Warrant #91783 - Christopher M Johnson - Oct 27, 2023		
<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 MN ) County of Aitkin )

Name: Christopher M Johnson  
(AFFIANT'S NAME INDIVIDUAL OR NAME OF BUSINESS)

Officer's Name: N/A Officer Title: N/A  
(IF NOT BUSINESS, LEAVE BLANK)

Address: 10332 422nd St, Tamarack MN 55787  
(CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)

Aitkin County Warrant Number: 91783 for Boot Reimbursement  
(INSERT INVOICE OR VOUCHER INFORMATION)

Issued 10/27/2023 to Christopher M Johnson  
(INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT)

10332 422nd St Tamarack MN 55787  
(INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of One hundred fifty-seven and 49/100----- dollars (\$ 157.49 ) 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 5<sup>th</sup>  
day of February 2025

Elizabeth A Harmon  
NOTARY PUBLIC SIGNATURE

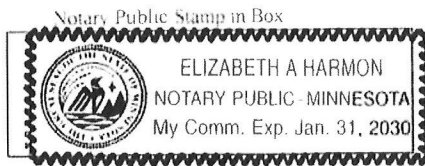
My commission expires Jan 31, 2030

STATE OF Minnesota  
COUNTY OF Aitkin

You must sign this affidavit before a Notary Public

[Signature]  
(Signature and Title of Affiant)

\_\_\_\_\_  
(Signature and Title of Affiant)



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