



# Board of County Commissioners Agenda Request



**Requested Meeting Date:** May 13, 2025

**Title of Item:** Affidavit of Failure to Receive Warrant

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <input type="checkbox"/> Hold Public Hearing <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Information Only
<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 of Failure to Receive Warrant: Warrant #95561 - 3/28/2025 - Aitkin Motor Company - \$8116.44		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b> Approve Affidavit of Failure to Receive Warrant: Warrant #95561 - 3/28/2025 - Aitkin Motor Company - \$8116.44		
<b>Financial Impact:</b> <i>Is there a cost associated with this request?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> <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: Aitkin Motor Company

(AFFIANTS NAME: INDIVIDUAL OR NAME OF BUSINESS)

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

Address: \_\_\_\_\_  
(CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)

Aitkin County Warrant Number: 95561 for Vehicle Maintenance Services  
(INSERT INVOICE OR VOUCHER INFORMATION)

Issued 03/28/2025, to Aitkin Motor Company  
(INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT)

108 2nd St NE, Aitkin MN 56431  
(INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of Eight thousand one hundred sixteen and 44/100----- dollars (\$ 8116.44 ) 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 May 5, 2025

Jane A Flier  
NOTARY PUBLIC SIGNATURE

My commission expires 01/31/2030

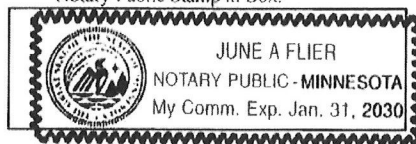
STATE OF: Minnesota  
COUNTY OF: Aitkin

You must sign this affidavit before a Notary Public:

Julie Leonard, Office mgr.  
(Signature and Title of Affiant)

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

Notary Public Stamp in Box:



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

Aitkin County - Lost Warrants, 307 2<sup>nd</sup> Street NW, Room 121, Aitkin MN 56431  
email: auditor@co.aitkin.mn.us