



Board of County Commissioners Agenda Request

2K

Agenda Item #

Requested Meeting Date: August 12, 2025

Title of Item: Approve affidavit of Duplicate of Lost Warrant

- ☐ REGULAR AGENDA
☒ CONSENT AGENDA
☐ INFORMATION ONLY

Action Requested:

- ☒ Approve/Deny Motion
☐ Adopt Resolution (attach draft)

☐ Direction Requested

☐ Discussion Item

☐ Hold Public Hearing*

**provide copy of hearing notice that was published*

Submitted by:

Sara Math

Department:

ACHHS Accounting

Presenter (Name and Title):

N/A

Estimated Time Needed:

N/A

Summary of Issue:

Approve affidavit of Duplicate of Lost Municipal Order or Warrant:
Arrows Family Services, warrant number 114498 dated May 16, 2025, in the amount of \$280.00

Alternatives, Options, Effects on Others/Comments:

Recommended Action/Motion:

Approve affidavit for Duplicate of Lost Municipal Order or Warrant:
Arrows Family Services, warrant number 114498 dated May 16, 2025, in the amount of \$280.00

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:

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: Arrows Family Services

(AFFIANTS NAME: INDIVIDUAL OR NAME OF BUSINESS)

Officer's Name: Shannon Wegner

(IF NOT BUSINESS, LEAVE BLANK)

Officer Title: Executive Director

Address: 160 3rd Ave NW, Milaca, MN 56343

(CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)

Aitkin County Warrant Number: 114498

for supervised visitaton

(INSERT INVOICE OR VOUCHER INFORMATION)

Issued 05/16/25

(INSERT DATE OF WARRANT)

to Arrow Family Services

(INSERT NAME ON THE ORIGINAL WARRANT)

160 3rd Ave NW, Milaca, MN 56343

(INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of Two hundred eighty dollars (\$ 280.00) 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 HEALTH & HUMAN SERVICES, Attn: Accounting Department, 204 1st Street NW, 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 July, 29 2025

Patricia A. Ludwig
NOTARY PUBLIC SIGNATURE

My commission expires Jan 31 2026

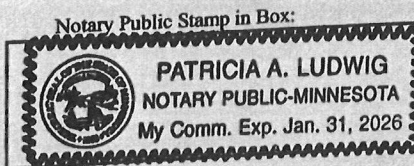
STATE OF: MN

COUNTY OF: Sherburne

You must sign this affidavit before a Notary Public:

Shannon Wegner Executive Director
(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.

Aitkin County Health & Human Services - Attn: Accounting Department
204 1st Street NW, Aitkin MN 56431
Email: accounting@aitkincountymn.gov