# AFFIDAVIT FOR LOST OR DESTROYED WARRANT

COSHOCTON COUNTY AUDITOR

|  |  |  |
| --- | --- | --- |
| **Warrant Payable To: Name** | **Street Address** | |
|  |  | |
| **City, State, Zip:** | **Telephone Number with Area Code** | **Fund Number for Warrant:** |
|  |  |  |
| **Warrant Number:** | **Warrant Date:** | **Warrant Amount:** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| I am requesting a re-issue of the above described warrant for the following reason: (check one box) | |
| ⃝ I have not received this warrant | |
| ⃝ I have received this warrant but it was lost, stolen or destroyed. This happened as follows: | |
|  | |
| I certify under penalty of perjury that the above information is true and correct and that I have not at any time received payment on this warrant or any other warrant for payment of this claim. I understand that payment on this warrant will be stopped, and I may not cash this warrant if it is received. If I receive this warrant, I will return it to the Coshocton County Auditor, 349 Main Street, Coshocton, OH 43812. | |
|  | |
| Signature of Requestor: | Date subscribed and sworn by Notary Public: |
|  |  |
| Printed Name of Requestor: | Social Security Number or Tax ID Number: |
|  |  |

State of \_\_\_\_\_\_\_\_\_\_\_\_\_ }

County of \_\_\_\_\_\_\_\_\_\_\_\_\_ } SS:

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public