

UNION COUNTY AUDITOR

233 W. 6TH Street, PO Box 420
Marysville, Ohio 43040

Application For Replacement Warrant

TO BE COMPLETED BY AGENCY:

Agency/Department			Payee	
Warrant No.	Amount	Issue Date	Fund	Account Code

TO BE COMPLETED BY PAYEE:

PLEASE DESCRIBE IN DETAIL ALL CIRCUMSTANCES PERTAINING TO THIS WARRANT (ATTACH ADDT'L PAGE IF REQUIRED)

_____ Check if you would like your check mailed to you (make sure you include your address at the bottom)

_____ Check if you would like to pick up your check (make sure to include your phone number)

CERTIFICATE

STATE OF OHIO COUNTY OF: **UNION**

I CERTIFY THAT THE ABOVE IS A COMPLETE STATEMENT OF CIRCUMSTANCES SURROUNDING THIS APPLICATION AND THAT ALL FACTS AND STATEMENTS CONTAINED HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE. I FURTHER STATE THAT THE ABOVE MENTIONED WARRANT HAS NOT BEEN CASHED BY ME OR BY ANY PERSON DIRECTLY OR INDIRECTLY AUTHORIZED BY ME. I WILL COMPENSATE THE COUNTY OF UNION IN THE STATE OF OHIO FOR ANY LOSS OR DAMAGED SUSTAINED IF THE ORIGINAL WARRANT IS PRESENTED AND PROPERLY PAID.

Signature

Date

Street Address, City & State

Phone Number

SWORN TO BEFORE ME AND SUBSCRIBED BY THE SAID _____

IN MY PRESENCE THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC

COMMISSION EXPIRES

PLEASE RETURN ORIGINAL TO THE AUDITOR'S OFFICE