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)

O I have not received this warrant

O 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 Ohio: } 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/ Coshocton County Deputy Auditor