

# 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**