

Board of County Commissioners Agenda Request

2I
Agenda Item #

Requested Meeting Date:

Title of Item: **Direction Requested Action Requested: REGULAR AGENDA** Approve/Deny Motion Discussion Item CONSENT AGENDA Hold Public Hearing* Adopt Resolution (attach draft) INFORMATION ONLY *provide copy of hearing notice that was published **Department:** Submitted by: **ACHHS Accounting** Chris Springer **Estimated Time Needed: Presenter (Name and Title):** NA **Summary of Issue:** Need to replace misplaced/destroyed warrant #106615 issued 03/03/2017 to Tiia Rengo for \$685.56. **Alternatives, Options, Effects on Others/Comments: Recommended Action/Motion:** Financial Impact: Yes Is there a cost associated with this request? What is the total cost, with tax and shipping? \$ Is this budgeted? Yes No Please Explain:

STATE OF MINNESOTA,) ss. County of Aitkin	2 0	2018
Being duly sworn, on oath says; that she is the owner of a certain Warrant		
Dated the 3 rd day of March 2017, Numbered 106615		
Issued by <u>Aitkin County Health and Human Services</u>		to
Tiia Rengo	in	the
	53	
sum of		
\$ 685.56 , has been LOST in the manner following, to-	wit:	
\$685.56, has beenLOST in the manner following, to-		
Did not receive in the mail.		
Did not receive in the mail.		
and that she makes this affidavit for the purpose of having a duplicate thereof issued to her accordi	ng to	o law;
and to that end herewith files her indemnifying bond, with sureties to be approved, in a sum equal to	iout	de the
amount of saidWARRANT		
		al.
Client Signature*		_
Subscribed and sworn to before me this day of dunut	, 20	18.
Coul's) Ou Money		
- Grenio Gentino de		
CYNTHIA JEAN MONSE Notary Public Liter County, M	linne	sota
My Commission Expires Jan. 31, 2019		
My Commission Expires		_