

**WAYNE COUNTY AUDITOR
APPLICATION FOR REPLACEMENT WARRANT**

SECTION I: To be completed by Department

FUND NO. _____ ACCT. NO. _____ DEPT. _____

WARRANT NO. _____ DATE ISSUED _____ AMOUNT _____

PAYEE NAME _____

SECTION II: To be completed by Payee

Please describe in detail why this warrant has not been cashed in a timely manner.
(Attach additional page if necessary)

CERTIFICATE

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 Wayne County, Ohio, for any loss or damage sustained if the original warrant is presented and properly paid.

Signed _____ Date _____

Address _____ City, State, Zip _____

Sworn to before me and subscribed by the said _____
in my presence on this _____ day of _____, 20____.

Notary Public

My Commission Expires _____