



Medina County Auditor

144 North Broadway St.

Medina, Ohio 44256

AFFIDAVIT

I, _____ of _____
(full name) (full mailing address)

_____, being first duly sworn, deposes and says that:

1. I am claiming a warrant from the _____ of Medina County.
(department name)
2. That on _____, I was entitled to receive a county warrant
(date)
in the amount of \$_____.
3. That said warrant was not received by me because _____

(describe reason(s) warrant was not received)

Further, Affidavit sayeth naught,

(signature)

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

(notary public)

Auditor's Office Use Only

Verification	Action Taken
Warrant Number _____	Voided Warrant _____
Warrant Amount _____	Warrant Reissue Date _____
Original Issue Date _____	Reissued Warrant Number _____
	Department/Fund _____