Proudly Serving the Residents of Geauga County

Auditor
Frank J. Gliha
Chief Fiscal Officer

State of Ohio)
SS
County of Geauga)

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 Geauga County
(department name)

2. That on _____, I was entitled to receive a county warrant in the amount of $_____
(date) (amount)

3. That said warrant was not received by me because _____

_____

_____

(describe reason(s) warrant was not received)

Further, Affiant sayeth naught.

_____
(signature)

SWORN TO BEFORE ME, and subscribed in my presence on the _____ day of _____, _____.

_____
(notary public)

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Auditor's Office Use Only

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

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