



STATE OF OHIO
 OFFICE OF THE AUDITOR
 JIM PETRO, AUDITOR OF STATE

APPLICATION FOR REPLACEMENT WARRANT

TO BE COMPLETED BY AGENCY:

AGENCY#		DIV/INST#	AGENCY NAME DIV/INST# NAME	VOUCHER #
WARRANT NO.	ISSUED DATE	AMOUNT	PAYEE NAME	CASE NO, (WELFARE)

TO BE COMPLETED BY PAYEE:

PLEASE DESCRIBE IN DETAIL ALL CIRCUMSTANCES PERTAINING TO THIS WARRANT. (ATTACH ADDITIONAL PAGE IF NECESSARY).

CERTIFICATE

STATE OF OHIO
 COUNTY OF: _____

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 STATE OF OHIO FOR ANY LOSS OR DAMAGE SUSTAINED IF THE ORIGINAL WARRANT IS PRESENTED AND PROPERLY PAID.

(SIGNED)_____ (DATE)_____

 (STREET ADDRESS) (CITY/STATE)

SWORN TO BEFORE ME AND SUBSCRIBED BY THE SAID _____
 IN MY PRESENCE THIS _____ DAY OF _____ 19 _____

SEAL _____

 NOTARY PUBLIC

(SEE REVERSE SIDE)

TO BE COMPLETED BY AGENCY

DO NOT SUBMIT APPLICATION PRIOR TO STOP PAY ORDER

A STOP PAY ORDER WAS SENT TO THE AUDITOR OF STATE ON _____
DATE

REQUEST SUBMITTED BY:

NAME _____

TITLE _____

RETURN REPLACEMENT WARRANT TO:

OFFICE _____

ADDRESS _____

ATTN: _____