



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

APPLICATION FOR REPLACEMENT

WARRANT

(HOLDER IN DUE COURSE)

DEPT/DIV #			
CLAIMANT'S NAME (HOLDER OF WARRANT)			DATE OF THIS APPLICATION
CLAIMANT'S ADDRESS (STREET OR RURAL ROUTE, CITY, STATE, ZIP CODE)			
WARRANT NO.	DATE ISSUED	AMOUNT	PAYABLE TO:

PLEASE DESCRIBE IN DETAIL ALL CIRCUMSTANCES AND CONDITIONS UNDER WHICH THIS WARRANT CAME INTO YOUR POSSESSION AND ATTACH ANY DOCUMENT(S) WHICH SUPPORT YOUR REQUEST. THE FORM AUD 8123 MUST BE ATTACHED TO THIS APPLICATION

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. WILL COMPENSATE THE STATE OF OHIO FOR ANY LOSS OF DAMAGE SUSTAINED IF THE ORIGINAL WARRANT I PRESENTED AND PROPERLY PAID.

 (SIGNED)

 (DATE)

SWORN TO BEFORE ME AND SUBSCRIBED BY THE SAID _____

IN MY PRESENCE THIS _____ DAY OF _____ 19 _____

SEAL

(SEE REVERSE SIDE)

 NOTARY PUBLIC

 COMMISSION EXPIRES