



Medina County Auditor

144 N. Broadway St. Medina, OH 44256

Unclaimed Funds 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 in the amount of \$ _____.
(date)
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 _____

330-725-9769

Toll Free: 1-844-722-3800, ext. 9769

www.medinacountyauditor.org