

**OFFICE OF
BRAD WASHBURN
PICKAWAY COUNTY AUDITOR**

110 Island Road; Suite F
Circleville, Ohio 43113
740-474-9592

I, _____, hereby declare that I have not received
the following funds as listed:

Vendor: _____

Check #: _____

Date Issued: _____

Amount: \$ _____

In the event I would receive this check, I will immediately return it to the office of
Brad Washburn, Pickaway County Auditor, 110 Island Road; Suite F, Circleville, Ohio 43113

Vendor Signature

Date

Address

City/State/Zip

Phone

Deputy Auditor Signature

Date

Office Use Only:

Replacement Check # _____

Date: _____

Amount: _____