



VETERANS SERVICE COMMISSION
2595 ARLINGTON AVE. 2ND FLOOR
TOLEDO, OHIO 43614
PH (419) 213-6092 FAX (419) 213-6082

**ACKNOWLEDGEMENT
OF
RECEIPT OF PAYMENT**

This is to acknowledge that I, _____, have received Lucas County Auditor's Warrant (Check) number _____ in the amount of _____ for payment to _____ for _____.
Signed

Signature of Recipient

Date

I understand that false statements made on this application may lead to prosecution. By checking this box, I certify that the information provided is correct to the best of my knowledge.

Witnessed on behalf of the Lucas County Veterans Service Commission by:
