Michael P. McCord

Pinal County Treasurer

LEWRENZ OLAF DIETMAR & GILLIAN MAY
[redacted]

Dated: 11/05/2024 reprinted date

Our records indicate you were issued a Pinal County Treasurer check number **181920** on **01/25/2023**, in the amount of $**22.56**

Because this check was not cashed or deposited within the legal time frame, it has been voided (ARS 11-644)

It is now necessary to submit a claim to the Board of Supervisors. If the Board of Supervisors determines sufficient reason for failure to present the original check, they will allow payment of the claim. You have one (1) year to submit the claim.

The Board of Supervisors can be reached at (520) 866-6068.

Thank you for your attention in this matter.

Sincerely,

Michael P. McCord
Pinal County Treasurer

Reference:

Parcel # [redacted] 2022 Overpmt Refund B#9558318 22.56

PO Box 729 31 N Pinal St Florence, AZ 85132
Telephone (520) 866-6433 Fax (520) 866-6450
email: bookkeeping@pinal.gov

A couple came in to the treasurer's office about wanting a check reissued and said they just received it this August bit did not have the envelope that it was mailed in. They were not very nice at all to the window worker, the senior accountant and the tax supervisor. She was bashing the county for their processes and expected a check to be reissued right then. The process was explained to them and the form was given to them and advised to complete the form and take to the BOS office but she came back and brought it back to us so we are bringing it all to your office for consideration. Below is the information you usually request from our department. The check was stale dated in Jan of 2024.

Thank you,

Debbie Garcia

Treasurer Accounting Supervisor

Treasurer Checks: View 370496

View

Check Number	Control Number	Check Date	Check Amount
181920	346471	1/25/2023	22.56
Check Status	**Status Date**	**Bidder #**	**Stale Letter Date**
			7/25/2023

Accounts

GL Account	Source	Amount	Note
2000092905	90200.0	22.56	2106754605 2022 Overpmt Refund B#9558318

Check Stubs

Sequence	Note
1	Parce[redacted] 2022 Overpmt Refund B#9558318 22.56

Name: LEWRENZ OLAF DIETMAR & GILLIAN MAY

Addre[redacted]

CANADA

OK

PINAL COUNTY
Enriching Lives Beyond Expectation

NOTICE OF CLAIM AGAINST PINAL COUNTY

Claimant Name		Address			
LEWRENZ / OLAF GILLMAN		[redacted]			
City		State	Zip Code	Telephone	Cell Phone
ST. ALBERT		ALBERTA	[redacted]	[redacted]	
Social Security Number	Date of Birth	If MINOR, Give Parent or Guardian Name		Driver's License Number	State of Issue
N/A	—	—		N/A	N/A
Date of Loss	Time of Loss	Location of Loss			
N/A	N/A	N/A			

Description of Occurrence:

OLD ISSUED CHEQUE # T181970

CHEQUE EXPIRED

State the legal basis wherein the Pinal County and/or its employee(s) was/were at fault:

Describe Damage to Property:

If Person(s) Injured, List the Following Information on All Injured Parties

Name	Address	Description of Injury	DOB	Telephone

Responding Police Agency:		Report #:	

Claimant Vehicle Information

Make	Model	Year	License Plate #
—	—	—	—

County Vehicle Information

Unit Number	Department	County Driver	License Plate #

If Witnesses Are Available, Provide the Following Information

Name	Address	Telephone

PINAL COUNTY
Enriching Lives Beyond Expectation

NOTICE OF CLAIM AGAINST PINAL COUNTY

Amount of Damages Claimed	
Property damage (attach receipts, invoices, estimates)	$
Medical expense (attach bills and records)	$
Other - Please specify (attach bills, receipts, etc.)	$
Total *(If you are claiming multiple items, please attach a separate sheet with an itemization of all expenses claimed.)*	$
Please state the specific amount for which the claim(s) can be settled at this time:	$

Additional Information			
Any additional information that might be helpful in evaluating this claim: PLEASE RE-ISSUE THIS CHEQUE THAT IS DATED 1/25/2023 AMOUNT $22.56 ONLY RECENED IT AT MY ADDRESS IN CANADA AUG/2024. CHEQUE # 1181920			
If available, please provide photographs.	PROVIDED?	YES ☐	NO ☐
Please provide bills, records, receipts, estimates and/or invoices.	PROVIDED?	YES ☐	NO ☐

This form is provided to assist in presenting a claim to Pinal County that complies with A.R.S. § 12-821.01 which defines the requirements for filing a claim against a public entity in the State of Arizona. It is important to complete all applicable items on the form in order to assure compliance with state law. Failure to do so may result in your claim being rejected. Filing a valid claim will always remain your sole responsibility. If your claim is contractual in nature, refer to the guidelines set forth in A.R.S. § 11-622.

This Notice of Claim also contains the names and addresses of the persons authorized to accept service of the notice of claim form. It is your responsibility to identify the correct person, entity and/or entities against which your claim is being made, and file the notice of claim with them as required by A.R.S. § 12-821.01. You can mail the completed form.

By providing this claim form or entering into any discussions or negotiations with you Pinal County neither accepts any liability nor waives any of its defenses pursuant to A.R.S. § 12-821.01, et. seq., or any other law.

If you have questions about this form or your claim, it is your responsibility to seek legal advice on your own and at your expense. Please do not call or otherwise contact any employee of Pinal County, or any employee of its officers, boards, or districts, to seek assistance with filing a notice of claim or seek any other assistance with respect to your claim. No officer or employee of Pinal County is authorized to provide legal advice or assistance with the preparation or filing of your claim. If you rely on any information furnished directly or indirectly by any officer or employee of Pinal County, you do so at your own risk. If you are uncertain about your legal obligations consult an attorney.

*Furnishing a social security number is voluntary. If furnished it will be used to monitor fraudulent claims, and as an aid in retrieving records applicable to this claim.

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information and believe and, as to such matters, I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Claimant Signature: _____ **Date:** NOV 4 24

MICHAEL P. McCORD PINAL COUNTY TREASURER
P.O. BOX 729 FLORENCE, ARIZONA 85132-0729

T181920

CHECK NUMBER 181920 Issue Date 1/25/2023

Control # 346471 Operator: NORIKOM Authorized: DEBORAHGA Control Total: 22.56

Parcel # [redacted] 2022 Overpmt Refund B#9558318 22.56

Customer came to front counter requesting to re-issue this check.

Void

CHECK TOTAL: 22.56

TREASURER PINAL COUNTY ARIZONA

MICHAEL P. McCORD
PINAL COUNTY TREASURER
P.O. BOX 729
FLORENCE, ARIZONA 85132-0729

WELLS FARGO Wells Fargo Bank, N.A.
11-24/1210

DATE 01/25/2023

CHECK NUMBER T181920

VOID AFTER 1 YEAR FROM DATE OF ISSUANCE

PAY EXACTLY ******22 Dollars and 56 Cents

AMOUNT ******22.56

TO THE ORDER OF LEWRENZ OLAF DIETMAR & GILLIAN MAY
[redacted] CANADA [redacted]

PINAL COUNTY TREASURER
DEPUTY TREASURER

⑈181920⑈ ⑆121000248⑆ 4121535041⑈