



CITY OF DuPONT

1700 Civic Drive
DuPont, WA 98327

Phone: 253.964.8121
Fax: 253.964.3554

AFFIDAVIT FOR LOST, STOLEN, OR DESTROYED CHECK

STATE OF WASHINGTON,
COUNTY OF PIERCE

I, _____, do hereby certify that I am the proper owner, payee or legal representative of check #_____ issued in the amount of \$_____ by the City of DuPont on _____, in payment for _____. As of today's date, the above-mentioned check has been lost, stolen, or destroyed and has not been presented for payment.

SIGNATURE_____

Current Mailing Address_____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Stamp:

Notary Signature

Print Name

Notary Public in and for the State of _____

Residing at: _____

County of: _____

Commission Expires: _____

FINANCE DEPARTMENT USE ONLY

Void Check # _____ Check Date _____

Replacement # _____ Check Date _____