



COUNTY OF KINGS DEPARTMENT OF FINANCE

1400 W. LACEY BLVD • HANFORD, CA 93230
(559) 852-2712 • FAX: (559) 587-9935

Lost or Stolen Check Affidavit

Warrant Information

Select One: Lost in mail Lost by recipient Destroyed Stolen

Warrant Number: _____ Warrant Amount: _____

Recipient's Name: _____ Warrant Issue Date: _____

Affidavit

I, _____ (Payee Name), hereby declare that:

1. The County of Kings issued a check payable to my order in the amount of \$ _____ on _____. This check is referred to as the "Missing Check" below.

2. I am the legal owner or entitled to possession of said check and said check has been:

- Destroyed
- Lost in mail
- Lost by recipient
- Stolen

3. I agree that if a new check is issued to me in lieu of the Missing Check, and if the Missing Check hereafter is placed in my possession, I will not negotiate, deposit, cash, or authorize any third party to endorse the Missing Check on my behalf. If the Missing Check comes into my possession, I will immediately return it to:

Department of Finance
Attn: AP Supervisor
1400 W. Lacey Blvd.
Hanford, CA 93230

If found, and I do not return the check described above, I may be subject to civil or criminal action or both. I understand all the above statements and declare the foregoing to be true and correct.

Signed: _____ Date: _____

Mailing Address: _____