COUNTY OF VENTURA

AUDITOR-CONTROLLER

800 South Victoria Avenue
Ventura, California 93009-1540
(805) 654-2900

AFFIDAVIT TO OBTAIN A DUPLICATE CHECK
(This form must be completed in affiant's own handwriting)

I/We _____, _____ hereby declare
(name) *(Employee ID or tax identification #)*

that check number _____, issued in my/our name as payee in the amount of

$_____, and dated _____, was _____.
(lost, destroyed, not received)

I understand that **I cannot cash the check indicated above** if it comes into my possession and, if it does, I must immediately return it to the Auditor-Controller of Ventura County at 800 South Victoria Avenue, Ventura, California 93009-1540.

Furthermore: If I do not return the check described above, I may be subject to a civil or criminal action or both. I understand all of the above statements and declare, under penalty of perjury, the foregoing to be true and correct.

Code § 29850

Signed: _____
(Signature)

Date: _____

Street: _____

City: _____ State _____

Zip Code: _____

Please return form to the above address.