## 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 have affiant's "original" wet signature

I/We		<u>,                                      </u>	hereby declare
	(name)	(Emplo	pyee ID or tax identification #)
that check number		, issued in n	ny/our name as payee in the amount of
\$	and dated	, was _	(lost, destroyed, not received)
			(lost, destroyed, not received)
does, I must immed			<b>above</b> if it comes into my possession and, if it roller of Ventura County at 800 South Victoria
	nd all of the above state		ove, I may be subject to a civil or criminal action declare, under penalty of perjury, the foregoing
Code § 29850			
		Signed:	(Signature – must be affiant's "original wet signature")
		Date:	
		Street:	
		City:	State
		Zin Code	2.

Please return form to the above address.