CITY OF ESCONDIDO

AFFIDAVIT TO OBTAIN DUPLICATE OF LOST OR DESTROYED CHECK

To stop payment and reissue another check, you must:

- **Complete this form**
- **Sign and return this form to the Finance Department**
- **The Finance Department will review and request additional information, if necessary, before reissuing the check**

Date of Check	**Amount of Check** **$**
Check Number	**Type of Account:** ☐ **Accounts Payable** ☐ **Payroll** ☐ **Other**_____
Reason for Requesting a Stop Payment	
Check Payable To	
Address	
City/State/Zip	**Telephone Number**

I hereby request the City of Escondido to stop payment on said check and request that a check be reissued in its place.

Please Print Name	**Title**
Signature **X**	**Date**

A notary is required for checks of $25,000.00 or more.

State of California)
) ss.
)
County of _____)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, _____.
(Month) (Year)

_____
Signature of Notary