

DECLARATION TO OBTAIN DUPLICATE OF LOST OR DESTROYED WARRANT AFFIDAVIT

l,			, declare as follows:
That I am the legal owner of the School District, in favor of the all but was (LOST) or (DESTROYED) be and cannot now be produced; ar stated:	bove stated payee as pefore the same was p	payee thereof; that said by the County Tree	aid check has not been paic asurer of the County of Tular
Check Number:		Dated:	
Amount:		Payroll:	Finance:
 Signature	 Date	 City	State
Requested By:		Date:	
Stop Payment By:		Date:	
Replaced By:		Date:	
Hand Warrant Number:			