



AFFIDAVIT TO STOP PAYMENT OF LOST OR DESTROYED WARRANT

Submit this completed form and the required documents to the SCOE Business Services Department

SECTION I - LOST OR DESTROYED WARRANT INFORMATION

(To be completed by the issuing department or LEA)

WARRANT NUMBER: _____ WARRANT DATE: _____ AMOUNT: _____

PAYEE: _____

ADDRESS: _____
(Street No., City, State, Zip Code)

ISSUING LEA ORG#: _____ ISSUING LEA NAME: _____

SECTION II - AFFIDAVIT FOR LOST OR DESTROYED WARRANT

(To be completed by the Payee)

I, the undersigned, under the penalty of perjury, depose and say: That the warrant drawn by the county auditor of the County of Sonoma described above was

LOST DESTROYED OTHER _____

Date of occurrence: _____, 20_____, under the following
circumstances: _____

That affidavit is entitled to possession, and hereby requests replacement of such warrant as the original Payee:

I certify that I have not requested nor received any replacement warrant for this payment.

I certify that I have not deposited this check and that I am liable for all expenses and fees incurred to recover stolen funds if the check has been deposited.

I certify that, under penalty of perjury, the foregoing is true and correct.

PAYEE SIGNATURE: _____ DATE: _____

PAYEE NAME (Print): _____