CITY OF SAN DIEGO

Office of the City Comptroller
Operations & Disbursements Section

AFFIDAVIT TO OBTAIN DUPLICATE OF LOST OR DESTROYED WARRANT

STATE OF CALIFORNIA)
COUNTY OF SAN DIEGO)

_____
SSN OR TAX ID NO.

(1) Deposes and says:

That, _____
is the legal owner of warrant check number _____ *dated* _____
drawn by the City of San Diego . ÍÍÐÊÌ™ÖÍ™ÛÏÌ™"ÐÛà™"ÖÔ×ÛÙÖÓÓÌÙÖ™ÐÕ™ÍÈÝÖÙ™ÖÍ™ÛÏÌ™ÈÉÖÝÌ™ÈÚ™×ÈàÌÌ™ÛÏÌÙÌÖÍ™ÍÔÙ™™3 _____.

(2) That said warrant was not endorsed and has not been paid but was lost, destroyed, or mutilated before same was paid by the City of San Diego, and cannot now be produced by the said Payee,

That the circumstances of such loss, destruction, or mutilation and all material facts relative thereto, are as follows:
[PLEASE STATE REASON]

_____

_____

I agree to indemnify and hold harmless the City of San Diego, Office of the City Comptroller and the City Treasurer from any and all claims arising out of the issuance and payment to me of a duplicate warrant.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature [and Title, if applicable]	*Dated*	*At [City/State]*
Address	*City . State . Zip Code*	
Phone Number	*Social Security Number/Tax ID Number*	

Declaration Under Penalty of Perjury

1. Fill in the required information in the lines provided. Please print.
2. The person in whose name original warrant check was issued must sign on the signature line.

When the above instructions have been fully complied with, return this form to:

The City of San Diego/Office of the City Comptroller
202 C St 7th Floor
San Diego CA 92101-4806

Upon receipt of the completed form, a replacement warrant check will be issued and mailed to you within ten (10) business days. If you have any questions, please call the Comptroller Help Desk at 619.236.6310.

File: J:\accessforms\AP_AffidavitCheckForm.doc