



CITY OF SAN DIEGO

Department of Finance
Accounts Payable 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 Department of Finance ± @! 2μ2© «" xY21" x¶ 3x/4" . « "μ"2©μ _____.

(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, Department of Finance 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:

City of San Diego, Department of Finance

202 C Street , 7th Floor - MS 7A

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 Department of Finance Accounts Payable Help Desk at 619.236.6310.