

AFFIDAVIT TO OBTAIN DUPLICATE OF LOST OR DESTROYED CHECK

I/We, _____, hereby certify that I am/ we are the legal owner(s) of Sonoma County Check No. _____, dated _____, in the amount of \$ _____. This check was **lost/destroyed** for the reason stated below (please describe):

I/We declare under penalty of perjury that the foregoing is true and correct.

Signature _____	Date _____
Name (print) _____	Company (print) _____
Address _____	Address _____
_____	_____

Please submit the following required documents to request a duplicate check:

- **A signed Affidavit of Lost/Destroyed Check (this form)**
- **A copy of a government-issued identification card**
- **A notarized Power of Attorney signed by the payee(s) (if applicable)**

via e-mail to: ACTTC-Claims@sonoma-county.org or via U.S. Mail to:

**Sonoma County Auditor-Controller's Office
Attn: General Accounting Claims Section
585 Fiscal Drive – Room 100
Santa Rosa, CA 95403**