



AFFIDAVIT TO OBTAIN DUPLICATE OF LOST OR DESTROYED CHECK

I/We, _____, hereby certify that I am/ we are the legal owner(s) of County of Marin Check 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. I/We hereby guarantee to reimburse the County of Marin for any loss due to the re-issuance of this check.

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: DOF-AP@marincounty.org or via U.S. Mail to:

**County of Marin- Department of Finance
Attn:Accounts Payable Division
3501 Civic Center Drive, Rm 225
San Rafael, CA 94903**