COUNTY OF VENTURA AUDITOR-CONTROLLER

800 South Victoria Avenue Ventura, California 93009-1540 (805) 654-2900

AFFIDAVIT TO OBTAIN A DUPLICATE CHECK This form must have affiant's "original" wet signature

| I/We | (name) | (Employee I | D or tax identification #) | hereby declare |
|-------------------|-----------|-------------------|----------------------------|----------------|
| that check number | | , issued in my/ou | r name as payee in the | amount of |
| \$ | and dated | , was | (lost, destroyed, not rec | eived) |

I understand that **I cannot cash the check indicated above** if it comes into my possession and, if it does, I must immediately return it to the Auditor-Controller of Ventura County at 800 South Victoria Avenue, Ventura, California 93009-1540.

Furthermore: If I do not return the check described above, I may be subject to a civil or criminal action or both. I understand all of the above statements and declare, under penalty of perjury, the foregoing to be true and correct.

Code § 29850

| Signed: | |
|-----------|---|
| | (Signature – must be affiant's "original wet signature") |
| Date: | |
| Street: | |
| City: _ | State |
| Zip Code: | |

Please return form to the above address.