**COUNTY OF VENTURA**
**AUDITOR-CONTROLLER**
Attn: Property Tax Division
800 South Victoria Avenue
Ventura, California 93009-1540
Email: vcptax@venturacounty.gov

## AFFIDAVIT TO OBTAIN A DUPLICATE CHECK
**(This form must be completed in affiant's own handwriting)**

I/We _____, _____ hereby declare
*(name)* *(social security # or tax identification #)*

that check number _____, issued in my/our name as payee in the amount of

$_____, and dated _____, was _____.
*(lost, destroyed, not received)*

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)*

Date: _____

Street: _____

City: _____ State _____

Zip Code: _____

PHONE: _____

EMAIL: _____

**Please return form to the above address.**