



County of El Dorado

OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE
PLACERVILLE, CALIFORNIA 95667
Phone: (530) 621-5487 FAX: (530) 295-2535

JOE HARN, CPA
Auditor-Controller

BOB TOSCANO
Assistant Auditor-Controller

REQUEST FOR DUPLICATE CHECK (ver. 06/13)

INSTRUCTIONS:

1. Complete this form if you are the owner or custodian of a check identified below and the check was never received, was lost, destroyed, stolen or is now stale. If check is stale, submit the check with this form.
2. If you are requesting a duplicate check on behalf of a corporation, partnership, limited liability company or governmental agency, include your name, title and entity name.
3. Only complete this form if the check was not received within 20 days after the date of mailing. Per Government Code Section 29853, a check is considered lost if it has been mailed and has not been received by the addressee within 20 days after the date of mailing.
4. If the original check is received once the request has been signed and returned, DO NOT cash it. The original check is invalid and should be returned to the address below.
5. Mail complete form with original (wet) signature to:

El Dorado County, Auditor-Controller's Office, 360 Fair Lane, Placerville, CA 95667

I, _____,

Name (include title and entity name, if applicable) – please print

(mailing
address)

Street City State Zip Code

the undersigned declarant, declare that I am the legal owner or custodian of the below described check.

Check Number: _____ Amount: _____

Payee Name: _____ Date of Check: _____

- The check was:
- never received lost/destroyed/stolen without being endorsed
- stale dated and unable to negotiate lost/destroyed/stolen after being endorsed

If the check identified above comes into my possession, I understand that I cannot cash it and must return it to:

El Dorado County Auditor-Controller's Office, 360 Fair Lane, Placerville, CA 95667

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

Signature of declarant: _____ Date signed: _____

Entity name: _____ Phone number: _____
(if applicable)

Email address: _____

FOR AUDITOR-CONTROLLER'S USE ONLY

Date request received: _____ Stop payment issued: Yes No

Deputy auditor: _____ Date: _____