**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: _____

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)**

**Forms and required documents can be submitted to the Sonoma County Auditor-Controller-Treasurer-Tax Collector's Office via the following:**

**Email:** **ACTTC-Claims@sonomacounty.gov**

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