

**Affidavit to Obtain Duplicate
Of Lost/Destroyed Check**

I/We, _____, hereby certify that I am/ we are the legal owner(s) of San Mateo County Check No. _____ dated _____ for \$_____. 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 (print) _____
Social Security No. _____	Federal Tax ID No. _____
Address _____	Address _____
_____	_____

Please submit the following required documents to request for 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)**

either via e-mail to: unclaimed@smcgov.org or via U.S. Mail to:

**San Mateo County Controller's Office
Attn: General Accounting
555 County Center, 4th Floor
Redwood City, CA 94063**

For San Mateo County Use Only	
Date Request Received _____	Ok to Reissue (Y/N) _____
Date Payment Stopped _____	Date Check Reissued _____