

DECLARATION OF LOST, DESTROYED OR STALE DATED CHECK

I, _____, say as follows:

1. I have been informed that check number _____, dated _____, for \$ _____ drawn by the City of Pacifica with Tri Counties Bank was issued to _____, as payee.

2. I am the legal owner, or am entitled to possession of said check, and that it has been destroyed/lost/stale dated. (**Circle one**).

3. I agree that if a new check is issued to me in lieu of check number _____ which has been destroyed/lost/stale dated, and if check number _____ hereafter is placed in my possession, I will not negotiate, deposit or cash it, but forthwith will deliver it to City of Pacifica Finance Department for cancellation.

4. I further agree that, for and in consideration of the re-issuance to me of a check in lieu of check number _____, I will indemnify and hold harmless City of Pacifica against loss, damage, expense, or any other liability which may be suffered by City of Pacifica, either directly or indirectly, by reason of the issuance of said duplicate check or by the original check still remaining.

5. Based upon the foregoing declaration and subject to the foregoing conditions, I hereby request City of Pacifica to issue a new check to me in lieu of check number _____.

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

Executed on _____ at _____, _____
Date City State

Signature of Declarant: _____

Mailing address of Declarant: _____

Please return the completed form to: City of Pacifica
Finance Department
170 Santa Maria Avenue
Pacifica, CA 94044