



# City of Mission Viejo

## CHECK AFFIDAVIT AND REQUEST FOR STOP PAYMENT

I, \_\_\_\_\_, have lost or never received the City of Mission Viejo check numbered \_\_\_\_\_, dated \_\_\_\_/\_\_\_\_/\_\_\_\_, and drawn by the City Treasurer of the City of Mission Viejo, in the amount of \$\_\_\_\_\_.

Please stop payment of the above check and issue another in its place.

**I understand that if I find or receive the check, I am to forward it to the Administrative Services Department of the City of Mission Viejo immediately or be held responsible for payment if it is cashed.**

I understand that the waiting period for the replacement check could be ten (10) to fifteen (15) working days.

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

\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payee Name (Print)

\_\_\_\_\_  
Telephone Number of Payee

\_\_\_\_\_  
Mailing Address of Payee (Print)

\_\_\_\_\_  
City, State, Zip Code (Print)