



AFFIDAVIT FOR ISSUANCE OF DUPLICATE CHECK

AFFIDAVIT

STATE OF WASHINGTON)
) SS
COUNTY OF KING)

I, _____, being first duly sworn upon oath, depose and say that I am the proper owner, payee, or legal representative of such owner or payee of City of Kirkland original check number _____ and dated _____, payable to _____ In the amount of \$_____ which said instrument was issued in payment for _____ and that the same has been lost or destroyed and has not been paid.

Date

Signed

Telephone Number

Address

Fax Number

City, State, Zip

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

City of Kirkland

Attention: Accounts Payable
123 Fifth Avenue
Kirkland, WA 98033
Phone: (425) 587-3124

Notary's Signature

Print Notary's Name

NOTARY PUBLIC in and for the State of Washington,

Residing at _____

My commission expires: _____