



## DECLARATION OF LOST OR DESTROYED CHECK REQUEST FOR REPLACEMENT CHECK

The following check was issued by the Dakota County CDA:

Check #: \_\_\_\_\_  
Check Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Payee: \_\_\_\_\_  
Payee Address: \_\_\_\_\_

**I, \_\_\_\_\_, declare the following:**

1. I am the legal owner of this check, or I am entitled to possess it, but this check has been lost or destroyed due to the following circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. I have not negotiated, deposited or cashed this check.
3. If the original check should be found or otherwise placed in my possession after a new check has been issued to me in lieu of Check No. \_\_\_\_\_, I agree that I will not negotiate, deposit or cash Check No. \_\_\_\_\_, but I will deliver it for cancellation to the Dakota County CDA at the address shown below.
4. Pursuant to the foregoing declaration and subject to the foregoing conditions, I hereby request that the CDA issue a new check to me in lieu of Check No. \_\_\_\_\_.

**I declare under penalty of perjury that the foregoing statements are true and correct.**

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Declarant

If the payee address above is incorrect, please print correct address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_