



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:

