

MUST BE FILLED IN:

Dept. Rep Name: _____
Dept Rep. Phone Number:
() _____
Dept. _____

**LOST WARRANT AFFIDAVIT
CATEGORY 2 (PAYROLL WARRANT)**

*Date: _____

I DECLARE THAT: * A. I am the () Legal Owner or () Custodian of:

* B. Warrant Number: 2 - _____ *C. Dated: _____ Employee ID Number _____

D. In the amount of: \$ _____ *E. Payable to: _____

*F. Address: _____

CHECK ONE:

*G. Which was: () Lost; () Destroyed; or () Never Received
(Please check one)

Mail New Warrant (Original
Signature required)

EE Will Pickup New Warrant

*H. On or about: (date) _____ - _____ - _____.

I. All MATERIAL FACTS surrounding the Loss or Destruction of this warrant **are required for all declarations as noted by the asterisk (*)**:

J. This warrant was issued by the Auditor-Controller of Riverside County on the Payroll Fund. I understand that I cannot cash this missing COUNTY WARRANT if it comes into my possession. If it does, I agree to IMMEDIATELY return it to:

**County of Riverside
Auditor-Controller
PO Box 1326
Riverside, Ca 92502-1326**

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge, and was

executed on _____ 20____ at, California.
Month Day Year

*Employee Signature _____

*Employee Name _____
(Please type or print)

*Mailing Address _____

*City _____ State _____ Zip _____

*Work Phone: () _____ *Home Phone () _____

Not Cashed as of: _____ Stopped with Union Bank: _____

Person initiating Stop Payment: _____ Date _____

Warrant Validation Updated: _____ Date _____

Person Replacing Lost Warrant: _____

New Check# _____