

DECLARATION OF LOST OR DESTROYED CHECK/WARRANT

Check/Warrant Information: (To be completed by issuing agency)

Check/ Warrant Number _____

Dated _____

Amount _____

Payee Name _____

Fact of loss or destruction of warrant: (to be completed by declarant only):

Please Check One:

Lost

Destroyed

Stolen

Never Received

Other (Please Explain)

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

Executed at _____, California, this _____ day of _____, 20____

Declarant _____

Declarant Signature _____

Mailing Address _____

**Butte County Auditor-Controller
25 County Center Dr. Suite 120
Oroville, Ca 95965-3383**