

# 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 \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

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

(Government Code Section 29851 and C.C.P Section 2015.5)