

STATE OF WISCONSIN )  
 ) SS  
COUNTY OF POLK )

**AFFIDAVIT**

I, \_\_\_\_\_  
(name and address) being first duly sworn on oath deposes and say that:

1. I (received) (did not receive) a check from Polk County on or about \_\_\_\_\_

The check (was) (was to be for) payment of \_\_\_\_\_

2. This check was (lost) (destroyed) in the following manner:

3. I have not cashed the check; authorized any one else to cash the check, or received any benefits from the check.

4. I hereby request the Department of Administration to issue a new check and stop payment on the original check # \_\_\_\_\_ (number provided by the Department of Administration) for the above named purpose.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Sign here)

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

STATE OF WISCONSIN  
My Commission expires: \_\_\_\_\_

Return this form to:

Polk County Department of Administration  
100 Polk County Plaza, Ste 220  
Balsam Lake, WI 54810

Office Use Only

Vendor No. \_\_\_\_\_  
Check No. \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Voucher No. \_\_\_\_\_