

BOARD OF COUNTY COMMISSIONERS

1801 27th Street
Vero Beach, Florida 32960-3365
Telephone (772) 226-1516
Fax (772) 770-5331



CHECK REPLACEMENT AFFIDAVIT

Affiant states as follows:

- 1) I am the (check one):
payee.

officer or director of payee corporation.

sole owner of payee business.

personal representative of payee's estate.
- 2) I do swear that I have never received check no. _____, dated _____ that was issued to me by Indian River County.
- 3) I further swear that the above-described check has never cleared any of my (or my business) accounts.
- 4) Should the above-described check be credited to any of my (or my business) accounts, I hereby agree to immediately pay the sum of \$_____ to Indian River County as a reimbursement for overpayment.
- 5) I understand and agree that should I locate the lost check in the future, I will return same uncashed to Indian River County Finance Office. Should I cash this check, knowing that I have already been reimbursed, I understand that criminal charges may be filed against me.

DATED this ____ day of _____, _____.

Printed Name of Affiant

Affiant's Signature

Address

City, State, Zip Code

Witness (if witnessed by County employee)

Notary