

AFFIDAVIT FOR LOSS, DAMAGE, OR NON-RECEIPT OF CHECK

Name of Claimant (Individual or Company): _____
Address: _____
Check Number _____ Amount _____ Check Date: _____
If owner/property manager, please provide name of tenant: _____
Reason for replacement check: _____

NOTE: This affidavit must be notarized if the check amount is \$500 or more.

I acknowledge that I do not have in my possession the check listed above, drawn on Wachovia Bank, N.A., by the Hillsborough County Board of County Commissioners, which is made payable to me.

THAT, I have not endorsed nor received compensation from said check. If the check should come into my possession, I promise to return it to the Hillsborough County Board of County Commissioners without endorsing it.

THAT, I understand that if I present the check to a banking facility for payment, it may be returned and I may be charged a returned check fee by the banking facility.

THAT, I am entitled to the full and exclusive possession, and no other person or entity has any right, title, or interest in, to, or with respect to the check or the proceeds thereof.

I make this statement voluntarily and for the purpose of obtaining a replacement check.

**Mail to: Lencie Harris
SECTION 8
HOUSING CHOICE VOUCHER PROGRAM
3620 W Humphrey Street
Tampa, FL 33614**

Signature of Person Making Statement

Printed Name/Official

Date

NOTARY (\$500 or more)

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____
by _____ who is personally known to me or who has
produced _____ as identification.