



CITY OF EL CAJON REQUEST FOR REPLACEMENT CHECK

Check Number _____

Check Amount _____

The undersigned claimant certifies under penalty of perjury that claimant is the owner of said check listed above and the person entitled to receive the money for said check. The check was not endorsed and has not been paid, but was lost, destroyed, or mutilated before the check was paid by the City of El Cajon, and cannot now be produced by said claimant.

The claimant acknowledges and understands the City of El Cajon will cancel that certain City check number listed above, causing it to be non-negotiable when a replacement check is delivered to him/her.

The claimant agrees to indemnify and hold harmless the City of El Cajon, its officers, and employees from any loss resulting from the payment of said request.

Payee Full Name/ Business Name		Social Security No. or Tax I.D.	
Street Address			
City		State	Zip
Signature		Date	
Name and Title (please print)		Daytime Phone	

**CLAIMANT MUST PROVIDE ALL REQUESTED INFORMATION
AND SIGN THIS AFFIRMATION OR THE REQUEST WILL BE RETURNED**

Send completed request to:

City of El Cajon Finance Department
200 Civic Center Way
El Cajon, CA 92020