



# THE COUNTY OF BANDERA

## AFFIDAVIT OF LOST CHECK

I, \_\_\_\_\_ hereby certify that I have lost, misplaced, or have never received check number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ dated \_\_\_\_\_. I am requesting a replacement check.

I also certify that if the above check is found or received it will not be deposited or cashed, if so, I am responsible for any and all legal expenses incurred. I will return this check to the Bandera County Auditor's Office.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

### WITNESS:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

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Office Use Only:

Replaced With Check No: \_\_\_\_\_ Date Replaced: \_\_\_\_\_ G/L Line: \_\_\_\_\_ Initials: \_\_\_\_\_