

*Certificate of Lost or Stolen Check*

PAYEE: Click here to enter text. CHECK DATE: Click here to enter a date.

CHECK NO: Click here to enter text. AMOUNT: Click here to enter text.

I, Click here to enter text., hereby certify that the above listed check issued by the City & Borough of Juneau, Alaska has been:

[ ]  Lost [ ]  Stolen; or [ ]  Destroyed

and request that a replacement check be issued.

I understand that the City & Borough of Juneau, as a matter of routine, issues stop payment orders on lost or stolen checks. In consideration of the issue of the replacement check, I hereby agree that the City & Borough of Juneau is not responsible for any loss it may suffer should the original check be cashed, whether or not any stop payment order or other notification that such check should not be paid is issued.

Signature: Click here to enter text. Date: Click here to enter a date.

**FOR PAYROLL USE**

Date Notified Cash Office: Click here to enter a date.

Processed by: Click here to enter text.

Replacement Check #Click here to enter text. Or Direct Deposit Processed: Click here to enter text.