



Miami-Dade County  
Finance Department  
**Attn: Accounts Payable**  
111 N.W. 1st Street, Suite 2620  
Miami, FL 33128-1980  
Office: (305) 375-5111

## Vendor Lost/Stale Dated Check Replacement Affidavit

(Complete fillable form, print, sign, notarize and mail to address shown above)

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ whose  
(Print name of Person) (Corporation Name if applicable, if not write N/A)

address is, \_\_\_\_\_,  
Address City State Zip

I am/we are the legal and beneficial owner(s) of a Miami-Dade County check number

\_\_\_\_\_ issued in the sum of \$\_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ and that this  
check has been (please check one):

☐ lost

☐ not been received

☐ stale dated

and that \_\_\_\_\_ has not received a subsequent payment for  
(Individual Name or Corporation Name)

the same goods and services. In consideration of the loss of the above noted check number, a replacement  
check in the same amount is being requested to be issued to \_\_\_\_\_.  
(Individual Name or Corporation Name)

I/We, \_\_\_\_\_, am/are fully aware that if the original check for  
(Individual Name or Corporation Name)

which this replacement check is drawn should ever be presented and paid; I/we will be obligated  
to pay Miami-Dade County the sum of \_\_\_\_\_.  
(Amount on Check)

I/We, \_\_\_\_\_, understand that if the lost check is found or  
(Individual Name or Corporation Name)

presented to me, that I/we must write **VOID** on the check and return the check to Miami-Dade County, Finance  
Department, Attn: Accounts Payable Unit, 111 N.W. 1<sup>st</sup> Street, Suite 2620, Miami, FL 33128-1980.

**In Witness whereof, the party hereto has set his/her hands and signed at:**

**INDIVIDUAL** (if applicable):

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

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

**OR**

**CORPORATION** (if applicable):

Name of Corporation or entity: \_\_\_\_\_

EIN (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

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(Notary Public)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I have verified the identity of the above signer by:

☐ Personally known to me

☐ Identification

Type of ID: \_\_\_\_\_

ID Number: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Public in the State of \_\_\_\_\_

Notary signature: \_\_\_\_\_

*Stamp seal here*

Notary Name: \_\_\_\_\_

Pursuant to F.S. 117.05, a notary public seal shall be affixed to all notarized paper documents. It shall be of the rubber stamp type and shall include the words "Notary Public-State of Florida", the name of the notary public, the date of expiration of the commission of the notary public, and the commission number. The rubber stamp seal must be affixed to the notarized paper document in photographically reproducible black ink.

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(For official use only)

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_