

## LOST CHECK REPLACEMENT FORM

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

### SECTION 1 – (To be completed by vendor)

NAME: \_\_\_\_\_  
(Name of representative completing form)

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

I/We, \_\_\_\_\_, do hereby certify that Miami Dade County's check # \_\_\_\_\_  
dated \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_ was  
not received/lost after being received.

A replacement check is hereby requested with the full knowledge that if the original check for which this duplicate is drawn should ever be presented and paid, I/We will be obligated to repay to the Miami-Dade Public Housing Agency the sum of \$ \_\_\_\_\_.

*This obligation is to remain in full force for two years from this date when it will become null and void.*

CORPORATION/COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE OF PAYEE/OFFICER: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

IMPRINT CORPORATE SEAL HERE

### SECTION 2 – (To be completed by MDPHA Staff)

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROCESSED BY: \_\_\_\_\_

VENDOR NUMBER: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_/\_\_\_\_/\_\_\_\_

CLIENT NUMBER (if applicable): \_\_\_\_\_