



Carlos A. Gimenez, Mayor
www.miamidade.gov

Public Housing and Community Development
Miami-Dade Housing Choice Voucher Program

P.O. Box 521750
Miami, FL 33152-1750
TTD/TTY Florida Relay Service
1-800-955-8771 or Dial 771

Customer Service Number: 305-403-3222/ Fax: 786-358-5893
Si necesita ayuda con este formulario, llame al 305-403-3222
Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

REQUEST FOR REPLACEMENT CHECK FORM

Complete and sign form. Return form to address noted above, Attn: Finance.

NAME: _____
(Name of representative completing form)

NAME OF PAYEE (check was payable to): _____

FEDERAL TAX ID # or SOCIAL SECURITY #: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE #: (_____) _____ Email: _____ @ _____

I/We, _____, do hereby certify that MDHCV'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 MDHCV the sum of \$ _____.

PAYEE SIGNATURE

DATE

MDHCV Office Use Only

Vendor No.: _____ Date Received _____ HCV Finance Staff _____