



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)

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

 (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
 (Amount on Check) (Date Check was issued)
 check one):

- lost not been received stale dated

and that _____ has not received a subsequent payment for the same goods
 (Individual Name or Corporation Name)

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 am/we are fully aware that if the original check for which this replacement check is drawn should ever be
 paid to me/us; 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 presented to me/us, 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. 1st Street, Suite 2620
 Miami, FL 33128-1980.



INDIVIDUAL (if applicable):

Written Declaration: Pursuant to Florida Statutes s. 92.525, under penalties of perjury, I declare that I have read the foregoing Check Replacement Affidavit and that the facts stated in it are true.

Signature: _____

Printed name: _____

Date: _____

Telephone Number: _____

OR

CORPORATION OR OTHER LEGAL ENTITY (if applicable):

Name of Corporation or entity: _____

EIN: _____

Written Declaration: Pursuant to Florida Statutes s. 92.525, under penalties of perjury, I declare that I have read the foregoing Check Replacement Affidavit and that the facts stated in it are true.

Signature: _____

Print Name: _____

Date: _____

Title: _____

Telephone Number: _____

Email: _____

(Notary Public)

Note: If you are unable to obtain a Notary Public during the COVID-19 declared emergency, you may use the above written declaration in lieu of affidavit.

State of _____

County of _____

The foregoing affidavit was signed before me this _____ day of _____, 20____.

I have verified the identity of the above signor by:

Personally known to me

Produced 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.

(For official/office use only)

Document Reviewed by:

Name: _____

Signature: _____

Date: _____