



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

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): _____