

**COUNTY OF SAN MATEO**  
**AFFIDAVIT TO OBTAIN DUPLICATE CHECK**

I/We, \_\_\_\_\_ and/or \_\_\_\_\_,  
hereby request County of San Mateo to re-issue the following check(s):

Amount \_\_\_\_\_ Dated \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Claim Relation (Select One):**

- I am the legal owner of the above check(s)
- I am an heir of deceased owner of the above check(s)
- I am the agent [or] officer for the business of the above check(s)
- I am the agent for the individual(s) of the above check(s)

**Fill out the following required fields**

Name (Print) \_\_\_\_\_ Company \_\_\_\_\_  
Last 4 digits of SSN \_\_\_\_\_ Agent \_\_\_\_\_  
Email Address \_\_\_\_\_ Tax ID # \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I/We declare under penalty of perjury that the foregoing information is true and correct.**

Signature #1 \_\_\_\_\_ Agent/Officer \_\_\_\_\_  
Signature #2 \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

A notary of public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal) Signature \_\_\_\_\_

**THIS AFFIDAVIT MUST BE NOTARIZED IF THE TOTAL AMOUNT OF THE ABOVE CHECK IS \$1,000 OR GREATER**

## REQUIRED DOCUMENTS FOR YOUR CLAIM

- Complete the Original signed Affidavit to Obtain Duplicate Check. Note: The affidavit must be signed by an authorized person(s). The name and address on the affidavit must match the name and address shown on the checks you are claiming. If the total amount of your check is \$1,000 or more, the original affidavit form must be notarized and mailed to the address below.
- A copy of U.S. Government-issued identification for individual(s), agent, officer or delegated officer.
- If you are claiming the check on behalf of another person/ company, you must show your authority to do so and provide the following:
  - Business card
  - A notarized Power of Attorney on the Company letterhead authorizing you to submit the claim on the Company's behalf or to represent the Company.
- If you are a third party, a notarized Power of Attorney signed by the payee(s) stating the payee gives you permission to submit the claim on their behalf. The signor of affidavit must also sign the Power of Attorney.
- Submit proof of address if there has been a change to original address:
  - Verification of the old address
  - Mail forwarding from post office to new address
  - Proof of a new address (a complete set of source document)
- If the payee is deceased:
  - Provide death certificate of the decedent
  - Provide documents to show you are authorized to receive the check
- Signatures:
  - Signature #1 must be signed by original claimant
  - Signature #2 is required if original check was issued with co-payee name

Completed form can be submitted via U.S. Mail to:

San Mateo County Controller's Office  
Attn: General Accounting  
555 County Center, 4th Floor  
Redwood City, CA 94063