

DECLARATION IN REGARD TO LOST OR DESTROYED CITY CHECK

TO: Finance Director
City of Chico
P.O. Box 3420
Chico, CA 95927-3420

I, the undersigned, declare that I have had (or have not had) in my possession:
City of Chico Check No. _____ dated _____, 2_____.
in the amount of \$ _____ with _____
named as payee of said check.

The material facts relative to the loss, destruction or non-receipt of this Check
are as follows:

As the legal owner (either designated payee or holder in due course) of the
Check, I hereby request that a replacement Check be issued to me for the full
amount of the original Check.

If the original lost or destroyed Check is discovered, I agree to return the
Check to the City of Chico Finance Director. I further agree, if the original Check is
presented to and paid by the City of Chico Finance Director, to immediately
reimburse the City of Chico for the full amount of the original Check, upon
demand.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at _____, California, this ___ day of _____, 2_____

Declarant _____

Mailing Address _____
