

**AFFIDAVIT TO OBTAIN DUPLICATE
OF LOST, STOLEN, DESTROYED
WARRANT**

STATE OF CALIFORNIA
COUNTY of PLACER

DATE

(PERSON) declare(s) under penalty of perjury:

That _____ of _____, is/are
(HE, SHE, THEY) (TITLE & COMPANY NAME IF APPLICABLE)

the legal owner of that certain county warrant number _____

dated _____;20_____, and drawn by the County Auditor of the County

of Placer, on the Warrant Revolving Fund of said County, in favor of:

(NAME OF PAYEE)

as payee thereof, for _____ dollars;

That said warrant has not been paid but was _____
(LOST, STOLEN, DESTROYED, ETC....)

_____ before it was paid by the County Treasurer of the

County of Placer, and cannot now be produced by payee.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON _____,20____ AT _____,
(CITY) (STATE)

(SIGNATURE OF DECLARANT)

Return To: PLACER COUNTY AUDITOR-CONTROLLER
ATTN CYNDI CLEVETT
2970 RICHARDSON DRIVE
AUBURN CA 95603

Remit address for new warrant

