



UTILITY REFUND LOST OR DESTROYED CHECK AFFIDAVIT

Before information can be obtained concerning reported unclaimed property, there must be a valid proven interest in the property.

PLEASE PRINT:

I, _____, the _____
Name of Signor for listed owner Relationship to listed owner (ie, Owner, beneficiary, surviving spouse, etc.)

hereby affirm that the following check was never received, or was subsequently lost or destroyed.

Check # _____ Date _____ Amount _____ (\$____,____.____)

Old Address: _____ New Address: _____

Required for New Address:

Federal ID Number _____
(business)
(or) Social Security Number _____
(individual)

Signature of Original Payee or Authorized Signor Daytime Telephone Date

Notary:
Subscribed to before me this _____ day of _____, 20_____

Notary Public Notary Seal

Upon review of your claim we may ask for additional information. To save processing time, please attach to your claim copies of any documentation that verifies your relationship to the listed owner.

Internal Use Only – Do not write below this line.

Receipt and Processing: _____ Treasurer's Office: _____ Utilities: _____
Date Received: _____ Date Received _____ Date Received _____
Received by: _____ Ext _____ Stop Payment Issue Date _____ Intials _____ SSN/FEI verified by _____ Ext _____
AP BU/Voucher # _____ Forwarded to (Dept) _____ Customer Account# _____
Bank Code: UT Vendor # _____ Forwarded Date _____ Date returned to ASD _____
PS Business Unit _____