CITY AND COUNTY OF HONOLULU
DEPARTMENT OF BUDGET & FISCAL SERVICES
DIVISION OF TREASURY

AFFIDAVIT RELATING TO LOST, DESTROYED
OR WRONGFULLY TAKEN CHECKS

being first duly sworn, deposes and says:

1. That Check No. ___________ dated ___________ issued by the City & County of Honolulu, Honolulu, Hawaii, a municipal corporation of the State of Hawaii, in the amount of __________________________________________________________ DOLLARS ($_____________________) issued to ___________________________________________ has been lost, destroyed or wrongfully taken under the following circumstances:

- [ ] Lost / [ ] Destroyed / [ ] Wrongfully Taken / [ ] Not Received (Choose One)

2. That except as stated above deponent has no knowledge or information as to the whereabouts of the check.

3. That neither the check nor the rights of deponent therein have, in whole or in part, been assigned, transferred, hypothecated, pledged, or otherwise disposed of.

4. That deponent is entitled to the full and exclusive possession of said check.

5. That this affidavit is made for the purpose of inducing the City and County of Honolulu, or its authorized officers, agents or employees to authorize payment due on the check that has been lost, destroyed or wrongfully taken, deponent thereby agreeing to immediately surrender to said City and County of Honolulu, or to its authorized agents, officers or employees, said missing check should it hereafter come into the deponent’s possession or control.

SIGNED, SEALED AND DATED this ________ day of _____________________, _______

___________________________________________
Signature

___________________________________________
Print Name

In the presence of: _____________________
Subscribed and sworn to before this ________ day
of _____________________, _____________

Doc. Date: ____________________ # of Pages: ______
Notary Name: _____________________ ___________ Circuit
Doc. Description: _____________________

____________________________________
(Stamp or Seal)

Notary Signature Date

My commission expires: ____________________