



OFFICE OF THE  
**ORANGE COUNTY AUDITOR-CONTROLLER**

**ANDREW N. HAMILTON, CPA**  
AUDITOR-CONTROLLER

**AFFIDAVIT** (Corporations and Other Business Entities)

We, (name of signer #1) \_\_\_\_\_ and  
(name of signer #2) \_\_\_\_\_, do  
hereby state that we are  
Making this statement for ourselves, or  
Authorized to make this statement on behalf of:

(Name of Payee on check) \_\_\_\_\_,  
as its (Title of Signer #1) \_\_\_\_\_ and (Title of Signer #2)  
\_\_\_\_\_, and have enclosed evidence of our titles and authorizations in the form of:  
\_\_\_\_\_.

We are, or I am the authorized representative of, the true legal owner(s) or custodian(s) of the warrant identified below  
and am (are) requesting its reissuance by the County of Orange of:  
Check numbered \_\_\_\_\_ dated \_\_\_\_\_  
and issued by the County of Orange in the amount of \_\_\_\_\_ dollars;  
declare and certify that we are the rightful payee for this check.

In substantiation of our claim, we:  
Have attached the original above-identified check, or  
Certify that the original above-identified uncashed check was lost or destroyed under the following circumstances:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF THE CHECK IS MORE THAN 2 ½ YEARS OLD, THE ORIGINAL MUST BE ATTACHED TO THE AFFIDAVIT.**

We understand that the County of Orange will **only** reissue checks in the name of the original payee and will send the reissued check to the original address unless otherwise indicated below.

Our mailing address has changed. The attached proof shows the original payee is now located at:

\_\_\_\_\_  
Street Address City & State Zip Code

By making this claim for reissuance of an uncashed check, we agree that we will not attempt to enforce the original uncashed check should it be subsequently discovered, and that any attempt to do so may result in criminal prosecution. Furthermore, we agree to indemnify and hold harmless the County of Orange, its officers, and its employees from any loss resulting from the payment of this claim. We certify under penalty of perjury that the foregoing is true and correct under the laws of the State of California and made with the knowledge that filing a false claim may result in criminal prosecution.



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**1<sup>st</sup> Signer's Signature**

Executed this date \_\_\_\_\_

Signature \_\_\_\_\_

Signer's printed name \_\_\_\_\_

Signer's email and Telephone Number \_\_\_\_\_

**2<sup>nd</sup> Signer's Signature**

Executed this date \_\_\_\_\_

Signature \_\_\_\_\_

Signer's printed name \_\_\_\_\_

Signer's email and Telephone Number \_\_\_\_\_

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

**NOTARIZATION**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, before me the undersigned, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_ (insert name(s) and title(s) of the officer, if applicable), personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity(ies), on behalf of the person(s)/entity therein named and acknowledged to me that the person(s)/entity acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal.

Signature \_\_\_\_\_

Date \_\_\_\_\_ (Seal)