



GWEN HENRY, CPA DU PAGE COUNTY TREASURER

Uncashed Check Replacement Form - Affidavit

Information About the Uncashed Check from Our Website:

1. Payee Name(s)			
2. Check Number	3. Check Date	4. Amount	

NOTE: We are required to issue replacement checks in the name of the original Payee(s).

Information About the Person Submitting Claim for Replacement Check:

5. Last Name	6. First Name	7. M.I.	
8. Federal Tax ID # or Social Security #	Not required	9. Telephone Number	

Replacement Check Mailing Address (if different from original check):

10. Address			
11. City	12. State	13. Zip Code	

Claimant's Relationship to the Check Payee(s)

14. I am related to the original payee(s) as follows (check one):	
<input type="checkbox"/> A. I am the payee.	<input type="checkbox"/> E. I am the payee's heir and there has been no probate.
<input type="checkbox"/> B. I am an officer or authorized employee of the payee.	<input type="checkbox"/> F. I have power of attorney for the payee.
<input type="checkbox"/> C. I am legal guardian of the payee.	<input type="checkbox"/> G. Other (please explain): TRUSTEE
<input type="checkbox"/> D. I am executor or administrator of the payee's estate.	

Affidavit

Please read and sign the Affidavit below. You must have the Affidavit notarized in order to receive a replacement check.

I, _____, am the Payee named above, or I am authorized to execute this affidavit on behalf of the Payee named above. I do not have the DuPage County, Illinois check listed above, and I request that a replacement check be issued in the name of the original payee. I certify that all statements in this application are true and correct, and that if I negotiate the original check listed above, I will reimburse the DuPage County Treasurer for the check amount plus any associated costs of recovery.

SUBSCRIBED AND SWORN TO BEFORE ME BY

CLAIMANT SIGNATURES

_____ (Claimant)

X _____

_____ (Claimant)

X _____

THIS _____ DAY OF _____, 20____

DATE: _____

(Signature of Notary Public) (County/State)

MAIL THE ORIGINAL NOTARIZED FORM TO:

MY COMMISSION EXPIRES: _____

Gwen Henry, CPA
DuPage County Treasurer
Attn: Uncashed Checks
421 N. County Farm Rd.
Wheaton, IL 60187

NOTARY SEAL: