

Received by: _____

Date:

Affidavit to Obtain a Replacement of Original Warrant

(Government Code 29850-29853.5)

DESCRIPTION OF WARRANT - DISTRICT USE ONLY

Cancel/Reissue	Cancel/Do Not Reissue						
NAME OF PAYEE ON WARRANT			employee SSN (last 4 digits) for payroll only				
ADDRESS OF PAYEE							
WARRANT NO.		issue date		AMOUNT (NET PAY - PAYROLL)		DISTRICT OR AGENCY	
To be completed by person requesting replacement warrant							
As a payee or legal custodian , if a replacement warrant is issued, I understand a stop payment we be placed on the original warrant and I cannot cash the original warrant indicated above if it comes into my possession. This warrant was: Destroyed Issued in Error Wrong Payee Wrong Amount							
	Thrown Away Lost by Payee		Stolen Other:		Not Received by Pay	ree	
l certify, unde	er per	nalty of perj	ury, that	the abov	e information is true a	nd correct.	
SIGNATURE OF PERSON CERTIFYING				DATE	DATE		
PRINT NAME				TELEPHO	TELEPHONE NUMBER		
Government Code: 29853.5 - In case permitted by the county, from the						_	
			OFFICI	E USE ONL	Y		
District					County		
Sent to County Office				E	mail Courthouse	Cancelled	
Attached in Escape				F	Reissue #:		

Date:

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