

# LOST WARRANT AFFIDAVIT

I, \_\_\_\_\_, the undersigned, declare that I am the legal  
(please print)

owner or custodian of the warrant described below:

<b>Warrant Number:</b>
<b>Date of Warrant:</b>
<b>Amount:</b>
<b>Name of Payee:</b>

I understand that I cannot cash the warrant specified above if it comes into my possession,  
and that if it does, I must return it immediately to:

**County of Sacramento  
Department of Finance  
WARRANT ACCOUNTING  
700 H Street, Room 3650  
Sacramento, CA 95814**

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

( \_\_\_\_\_ )  
Telephone

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(Office Use Only)

Reversal Document \_\_\_\_\_

Replacement Warrant No. \_\_\_\_\_ issued on \_\_\_\_\_

Other \_\_\_\_\_

## Lost Warrant Affidavit Instructions

1. Read over the affidavit.
2. The following information should be obtained from the issuing department:
  - Warrant Number
  - Date of Warrant
  - Amount
  - Name of Payee
3. Sign and date the affidavit.
4. Fill out the affidavit with your name, title and company (if applicable), address and telephone number.
5. Mail the original signed affidavit to:  
  
County of Sacramento  
Department of Finance  
WARRANT ACCOUNTING  
700 H Street, Room 3650  
Sacramento, CA 95814
6. Keep a copy of the affidavit for your records.

If you have any questions, please call the Warrant Accounting Unit at (916) 874-7856.