



**NORTH
ST. PAUL**
extraordinary.

AFFIDAVIT OF LOST CHECK

CITY OF NORTH ST PAUL)

COUNTY OF RAMSEY) ss

STATE OF MINNESOTA)

I, _____, being first duly sworn, deposes and stays:
Name of Affiant

I am the _____ for _____
Title of Affiant Business Name (Creditor)

The City of North St Paul, as debtor, has an unpaid obligation in the amount of \$ _____
due and owing to the creditor for the goods/services described as:

Description of goods/services

Payment for said obligation, Check # _____ in the amount of \$ _____, has not
been received by the creditor.

I hereby request a duplicate check be issued, and understand that if check # _____ is
recovered, it is no longer a valid check and will be returned to the City of North St Paul; OR if it is received and applied
to the account, the City of North St Paul may request a refund.

I direct the replacement check be sent to the address below:

Name

Address

Address

City, State, Zip

Signature

The foregoing affidavit was acknowledged before me, the undersigned Notary Public, before me this

_____ day of _____, 20____ by _____, on behalf of
Month Name of Affiant

Business Name

STATE OF _____

Notary Public _____

COUNTY OF _____

My Commission Expires _____





NORTH ST. PAUL