

STATE OF CALIFORNIA  
CITY AND COUNTY OF SAN FRANCISCO

**REQUEST FOR REPLACEMENT OF LOST OR DESTROYED WARRANT/AFFIDAVIT**

- (1) Department for whom payment was issued completes and signs the warrant information under SECTION I.
- (2) Payee executes the affidavit section below under SECTION II.
- (3) Submit this completed form (must be the original signature; photocopy will not be accepted) and the required supporting documents to:

CITY & COUNTY OF SAN FRANCISCO  
CONTROLLER'S OFFICE, CLAIMS AND DISBURSEMENT UNIT  
1 DR. CARLTON B. GOODLETT PLACE, ROOM 316  
SAN FRANCISCO, CA 94102-4694

**SECTION I. LOST/DESTROYED WARRANT INFORMATION**

WARRANT NUMBER:\_\_\_\_\_ WARRANT DATE\_\_\_\_\_ AMOUNT\_\_\_\_\_

PAYEE:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

(Street No., City, State, Zip Code)

ISSUING DEPARTMENT:\_\_\_\_\_

PRINT NAME & SIGN:\_\_\_\_\_ TEL#\_\_\_\_\_

(Department's Authorized Signature)

**SECTION II. AFFIDAVIT FOR LOST OR DESTROYED WARRANT**

- (1) I, the undersigned, being first duly sworn, depose and say: That City and County of San Francisco Controller's warrant described above was ☐ LOST ☐ DESTROYED ☐ STALE  
DATED on \_\_\_\_\_, 20\_\_\_\_, under the following circumstances: \_\_\_\_\_

\_\_\_\_\_  
That affiant is entitled to possession, and hereby requests replacement of such warrant as the

- ☐ Original Payee: *only select this if your name is on the check* (Must provide copy of a photo ID)
- ☐ Endorsee (Must show Proof of Right to Possession) \*\*
- ☐ Custodian \*\*

\*\*Required supporting document:

- a) Statement of Information filed with the Secretary of State  
([http://www.sco.ca.gov/Files-UPD/guide\\_claim\\_business.pdf](http://www.sco.ca.gov/Files-UPD/guide_claim_business.pdf))
- b) Copy of a photo ID

- (2) I certify that I have not requested nor received any replacement warrant for this payment.
- (3) I certify that I have not deposited this check and that I am liable for all expenses and fees incurred to recover stolen funds if the check has been deposited.
- (4) I certify under penalty of perjury that the foregoing is true and correct.

PAYEE'S SIGNATURE:\_\_\_\_\_ DATE\_\_\_\_\_

PAYEE'S NAME (Print Legibly)\_\_\_\_\_

PRESENT ADDRESS\_\_\_\_\_ TEL#\_\_\_\_\_