## STATE OF FLORIDA DISBURSEMENT UNIT Affidavit

I,	residing at	
In the City of	County of	and the State of
Case number(s):		
Hereby request the following	:	
		op payment request. Enter information for ONE OR EACH LOST OF STOLEN CHECK
Lost check	*Stolen Check	Stale Dated
Check #	In the amount of	Dated:
*If the check was stolen and notarized affidavit	a police report needs to accompan	1y the completed, signed,
• •	Return Form STATE OF FLORIDA DISBU P.O. BOX 74 TALLAHASSEE, FL 2 oncerning the negotiation of this instru	URSEMENT UNIT 436 32314-7436 ument. (If none state "none")
possess concerning the disburse concerning the disbursement co Unit. I understand that if I receiv (deposit or cash) the check, ther In addition, I clearly understa RETURNED TO THE SDU B	ment and should anything else con me to my attention, I will immedia we the missing disbursement check I will be held liable for the refund nd that this affidavit must be CC	it (SDU) all the information, knowledge or facts that I neerning the disbursement and should anything else ately report the information to the State Disbursement k, during any part of this procedure, and I negotiate d of the negotiated instrument and any fees assessed. OMPLETED, SIGNED AND NOTARIZED and EISSUED. IF THE CHECKS WAS STOLEN, A F.
The Affidavit is made voluntarily a	nd for the purpose of establishing the	claim of the referenced check.
My signature below indicates you h	nave read and agree to the terms of the	e procedure discussed above.
	(Notary Required)	
SS Number		
	Sworn to and subscribe	ed before me this
Requestor Signature	day of	20
Home Phone Work Phone		, ~~
Date	Notary Public My commission expires	s: