



# Affidavit of Lost Check

## Check Reissuance Document

City of Kent Accounts Payable • 220 Fourth Avenue S. • Kent, WA 98032 • (253) 856-5230 Fax (253) 856-6255

Before a replacement check can be reissued to a vendor or an employee, this affidavit must be signed by the individual making application for a replacement check. This form gives us the authority to issue a stop payment on the original check and is an official request to us to reissue a check in the event the original has been lost, stolen, or destroyed. Please see [Washington State Revised Code RCW 39.72.010](#)—Local government indebtedness—Issuance of duplicate instrument—Written affidavit—Loss Recovery.

State of Washington  
County of King  
City of Kent

I, \_\_\_\_\_, being first duly sworn upon oath, depose and  
(print name)

say that I am the proper owner, payee, or legal representative of such owner or payee of the City of Kent and that said check was issued in payment of goods or services as listed below and has been lost or destroyed and I am requesting a replacement check.

Original Vendor/Payee Name: \_\_\_\_\_

Check Date	Check #	Amount	Service

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please return form to: [accountspayable@kentwa.gov](mailto:accountspayable@kentwa.gov)

Or Mail Completed Form to: City of Kent  
Accounts Payable  
220 Fourth Avenue S.  
Kent , WA 98032