



City of Lawton, OK

CHECK AFFIDAVIT AND REQUEST FOR STOP PAYMENT

I, _____, have lost or never received the City of Lawton check numbered _____, dated ____/____/____, in the amount of \$_____.

Please stop payment of the above check and issue another in its place.

I understand that if I find or receive the check, I am to forward it to the Finance Department of the City of Lawton immediately or be held responsible for payment if it is cashed.

I understand that the waiting period for the replacement check could be ten (10) to fifteen (15) working days.

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

Signature of Payee

Date

Payee Name (Print)

Telephone Number of Payee

Mailing Address of Payee (Print)

City, State, Zip Code (Print)