



**COUNTY OF ALAMEDA
UNCASHED WARRANT AFFIDAVIT
Corporations and Other Agencies**

We, _____ and _____, do hereby state that we are
(Name of signor) (Name of signor)

- Making this statement for ourselves, or
- I am authorized to make this statement on behalf of:

(Names of payee)

as its _____, and have enclosed evidence of my title and
(Title of signor)
authorization in the form of _____.

We are, or I am the authorized representative of, the true legal owner(s) or custodian(s) of the warrant identified below and am (are) requesting its reissuance by the County of Alameda of:

Warrant number _____ issued on _____ in the amount of \$ _____.

In substantiation of my claim, we:

- Have attached the original above-identified uncashed warrant, or
- Certify that the original above-identified uncashed warrant was lost or destroyed

IF THE WARRANT IS MORE THAN 2 ½ YEARS OLD, THE ORIGINAL MUST BE ATTACHED TO THE AFFIDAVIT.

We understand that the County of Alameda will only reissue warrants in the names of the original payees, and will send the reissued warrant to the original address unless otherwise indicated below.

- Our mailing address has changed. Attached proof shows the original payees are now located at:

Street Address City State Zip Code

By making this claim for reissuance of an uncashed warrant, we agree that we will not attempt to enforce the original uncashed warrant should it be subsequently discovered, and that any attempt to do so may result in criminal prosecution. We further agree to supply the Alameda County Auditor-Controller Agency with any additional information and documentation that it may require to substantiate this claim, and that failure to do so may result in the claim being denied. We certify under penalty of perjury that the foregoing is true and correct under the laws of the State of California, and made with the knowledge that filing a false claim may result in criminal prosecution.

Print Name: _____ Phone no: _____

Signature: _____ E-mail: _____

Date : _____ Signed in: _____
(Location: City, State)

Print Name: _____ Phone no: _____

Signature: _____ E-mail: _____

Date : _____ Signed in: _____
(Location: City, State)

THIS AFFIDAVIT MUST BE NOTARIZED IF THE CLAIM AMOUNT IS GREATER THAN \$1,000.

Please return the completed form and required supplemental information to:
Auditor-Controller Agency, General Accounting-Stale Dated Warrants, 1221 Oak St, Rm 220, Oakland, CA 94612

This page is only required if a change of address is indicated on the previous page. Please list payee's mailing addresses from the last 3 years to the best of your ability:

Date from:	Date To:		
STREET ADDRESS	CITY	STATE	ZIP

Date from:	Date To:		
STREET ADDRESS	CITY	STATE	ZIP

Date from:	Date To:		
STREET ADDRESS	CITY	STATE	ZIP

Date from:	Date To:		
STREET ADDRESS	CITY	STATE	ZIP

Date from:	Date To:		
STREET ADDRESS	CITY	STATE	ZIP

Date from:	Date To:		
STREET ADDRESS	CITY	STATE	ZIP