

OFFICE OF THE AUDITOR-CONTROLLER

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**AFFIDAVIT TO OBTAIN DUPLICATE OF
LOST OR DESTROYED WARRANT**

I, _____, declare under penalty of perjury; being duly sworn, state: that being the payee and legal owner of warrant number _____ dated _____, drawn by County of Solano in favor of _____ in the amount of _____ dollars, and _____ cents; that said warrant has not been paid but was (Lost / Destroyed / etc.) _____ before the same was paid by the County Treasurer of the County of Solano.

I also understand a stop payment has been placed on this warrant and if this warrant is found, it will not be presented for payment.

Claimant (Print Name)

Claimant's Signature

Date