

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Community Colleges of Spokane AFFIDAVIT OF LOST OR DESTROYED CHECK

STATE OF WASHINGTON

COUNTY OF _____

CHECK NO. _____ FUND _____

I, _____, have been duly sworn, depose and say that I am the proper owner, payee, or legal representative of such owner or payee of the Washington State Community College District 17's check No. _____ dated _____, in the amount of _____ dollars and that said check has been lost, destroyed, or not delivered to me, and to the best of my knowledge has not been paid.

Signature

Witnesses if signed by "X":

Name

Name

Address

Address

SUBSCRIBED AND SWORN before me this _____ day of _____, 20_____

I certify that I know or have satisfactory evidence that *(name of person)* _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

Notary Public in and for the State of Washington (Signed)

Notary Public in and for the State of Washington (Print)

My commission expiration date