



**Town of North Reading
Massachusetts**

Finance Division

LOST CHECK AFFIDAVIT

Being duly sworn under the penalties of perjury I _____
(Name)

state I am of full age and reside at _____
(Address)

I never received or have lost original check # _____, issued to me or
_____, for which I am an authorized representative on
(please specify name of company or organization)

_____ in the amount of \$ _____ by the Town of North Reading.
(Date)

I understand the original check has been voided and if found I will not attempt to cash it.

In consideration of the payment to myself of the said amount, I agree to indemnify the Town of North Reading and hold harmless for and from all claims and loss, costs, damages, and expenses which the Town of North Reading may sustain by reason of the turning over of the said amount to me and by reason further of its refusal hereafter to pay the said amount to any other person or persons.

(Claimant's Signature)

Must be notarized if amount is more than \$100.

Subscribed and Sworn to before me,

This _____ day of _____, _____ A Notary Public in and for
the County of _____ in the State of _____.

Signature of Notary Public

My Commission Expires _____