

AUDITOR'S USE ONLY

Received from Dept: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mail Warrant to Payee: \_\_\_\_\_  
Return to Department: \_\_\_\_\_

**AFFIDAVIT FOR A STOP PAYMENT AND REISSUE OF  
LOST OR DESTROYED WARRANT**

Date Issued                      Fund #                      Warrant #                      Amount

State of California    ) ss.  
County of Nevada     )

\_\_\_\_\_ is/are the Payee(s) and legal owner(s) of that certain county warrant numbered \_\_\_\_\_, dated \_\_\_\_\_, and drawn by the County of Nevada Auditor-Controller on the \_\_\_\_\_ Fund of said County, in favor of \_\_\_\_\_ as Payee thereof, for \_\_\_\_\_ dollars; that said warrant has not been paid but was lost or destroyed before the same was paid by the County of Nevada Treasurer and cannot now be produced by said Payee; that the circumstances for such loss or destruction and all material facts relative thereto, are as follows:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

**RETURN COMPLETED AFFIDAVIT TO AUDITOR'S OFFICE**

TREASURER'S USE ONLY

Bank contacted \_\_\_\_\_  
Contacted by \_\_\_\_\_  
Account # \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Method of contact \_\_\_\_\_  
Bank Confirmation by \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Date to Auditor \_\_\_\_\_

To Treasurer for Stop Payment \_\_\_\_\_  
By \_\_\_\_\_

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\*\*\*\*\*  
Canceled on: Treasury \_\_\_\_\_ Fund Acct \_\_\_\_\_  
Date canceled \_\_\_\_\_  
By Deputy Auditor \_\_\_\_\_  
\*\*\*\*\*  
New warrant # issued \_\_\_\_\_ Date \_\_\_\_\_  
By Deputy Auditor \_\_\_\_\_