

# JEFFREY R. SMITH, CPA, CGFO, CGMA

Clerk of Circuit Court & Comptroller  
P.O. Box 1028  
Vero Beach, FL 32961-1028  
Telephone: (772) 770-5185



## CHECK REPLACEMENT AFFIDAVIT

Affiant states as follows:

- 1) I am the (check one):  
payee.  
  
officer or director of payee corporation.  
  
sole owner of payee business.  
  
personal representative of payee's estate.
- 2) I do swear that I have never received check no. \_\_\_\_\_, dated \_\_\_\_\_ that was issued to me by Indian River County.
- 3) I further swear that the above-described check has never cleared any of my (or my business) accounts.
- 4) Should the above-described check be credited to any of my (or my business) accounts, I hereby agree to immediately pay the sum of \$\_\_\_\_\_ to Indian River County as a reimbursement for overpayment.
- 5) I understand and agree that should I locate the lost check in the future, I will return same uncashed to Indian River County Finance Office. Should I cash this check, knowing that I have already been reimbursed, I understand that criminal charges may be filed against me.

DATED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Witness (if witnessed by County employee)

\_\_\_\_\_  
Notary