

REQUEST FOR REPLACEMENT CHECK

The following check has been reported lost, stolen, destroyed, or otherwise unbankable. (please circle one)

Check No.	Date	Amount
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Payee Name: _____ Account #-----

A replacement check has been requested on the above check.

Please provide the following information in order to receive your replacement check. Thank you

First Name _____ MI _____ Last Name _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip _____

Phone number (_____) _____ Mobile number (_____) _____

Driver license# _____

(if available) Tax I.D.# _____

or Florida State I.D. _____ Social Security # _____

I understand the check listed above is no longer valid. If I find/receive this check, I will return it to the Town of Lake Placid, Florida at 311 W. Interlake Blvd, Lake Placid, FL 33852.

If this check is cashed, I will assume all expenses related to the collection of the duplicate payment, or, in the case of forgery, assist as requested.

Signed (required) _____ Date: _____

Mail to: **Town of Lake Placid
311 W. Interlake Blvd
Lake Placid, FL 33852**