AFFIDAVIT OF LOST WARRANT

Return Form to: ____________________________________________________________

Warrant Number: __________________________________________________________________________________________________________

Warrant Amount: __________________________

Warrant Date: __________________________________________________________________________________________________________

Warrant Payee: __________________________________________________________________________________________________________

---------------------------------The Above Portion to be completed by the Issuing Department---------------------------------

The Affiant: ________________________________________________ Legal name of the responsible party signing as the affiant

Who is the: ____________________________________________of: ____________________________________________

Title of Affiant for business entities Warrant Payee-company name

Located/Residing at: ____________________________________________ Address

Deposes and says:

The payee on the above referenced warrant ☐ has received, or ☐ has not received the referenced warrant, and that the referenced warrant was:

☐ Lost ☐ Destroyed or ☐ Stolen, on or about the date of __________________________

1. The affiant is the proper owner, payee, or legal representative of such owner or Payee of the referenced warrant
2. The affiant has reported the loss, destruction, theft or lack of receipt to payor agency named above.
3. That pursuant to § 24-30-202(8), CRS, the affiant requests that the State Controller issue a replacement warrant in lieu of the above referenced warrant and that a cancellation order be issued on referenced warrant.
4. That neither the affiant nor any person acting under orders, authority, or control of the affiant of referenced warrant has attempted or will attempt to negotiate referenced warrant.
5. That if referenced warrant is negotiated, the affiant agrees to complete and sign an Affidavit of Forgery for referenced warrant.

Affiant signature________________________________________ Date ____________

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