



Berkeley Housing Authority

1901 Fairview St., Berkeley, CA 94703
Telephone: (510) 981 5470 Fax: (510) 981 5480

REQUEST TO ISSUE REPLACEMENT CHECK

CHECK NO. _____ DATE _____ IN THE AMOUNT OF \$ _____

PAYMENT FOR: [] HAP [] UAP [] OTHER: _____

PAYABLE TO: _____

I, _____ declare that I have [] LOST; [] NOT RECEIVED the check described above and that said check [] HAS; [] HAS NOT been endorsed by me. I therefore request that a replacement check be issued and agree to return the original if I should receive it at a later time. I understand that a replacement check will be issued to me after the date of receipt of this request by the Accounting Department.

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED ON _____ AT _____, CALIFORNIA

SIGNATURE OF CLAIMANT/AUTHORIZED AGENT TELEPHONE

COMPANY NAME, IF APPLICABLE

ADDRESS CITY STATE ZIP