



AFFIDAVIT

State of Washington,)
County of Walla Walla) Ss,

I, _____ being first duly sworn upon an oath, depose and say that I am the proper owner, payee, or legal representative of such owner or payee of the City of Walla Walla, Washington original Accounts Payable Check No. _____, dated _____ in the amount of _____ (_____.____) which check was issued in payment for _____ and that the same has been lost or destroyed and has not been paid.

Sign here: _____

Print name: _____

Current Address: _____

City, State & Zip: _____

Daytime Phone Number: _____

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public in and for the State of Washington,

Residing at: _____

Commission Expires: _____