



GWEN HENRY, CPA DU PAGE COUNTY TREASURER

Uncashed Check Replacement Form (Please use a separate form for each replacement check)

Information About the Uncashed Check from Our Website:

1. Payee Name(s)			
2. Check Number	3. Check Date	4. Amount	

NOTE: We are required to issue replacement checks in the name of the original Payee(s).

Information About the Person Submitting Claim for Replacement Check:

5. Last Name	6. First Name	7. M.I.	
8. Mailing Address			
9. City	10. State	11. Zip Code	
12. Federal Tax ID #	13. Telephone Number		

Claimant's Relationship to the Check Payee(s)

14. I am related to the original payee(s) as follows (check one):	
<input type="checkbox"/> A. I am the payee.	<input type="checkbox"/> E. I am the payee's heir and there has been no probate.
<input type="checkbox"/> B. I am an officer or authorized employee of the payee.	<input type="checkbox"/> F. I have power of attorney for the payee.
<input type="checkbox"/> C. I am legal guardian of the payee.	<input type="checkbox"/> G. Other (please explain):
<input type="checkbox"/> D. I am executor or administrator of the payee's estate.	

Affidavit

Please read and sign the Affidavit below. You must have the Affidavit notarized in order to receive a replacement check.

I, _____, am the Payee named above, or I am authorized to execute this affidavit on behalf of the Payee named above. I do not have the DuPage County, Illinois check listed above, and I request that a replacement check be issued in the name of the original payee. I certify that all statements in this application are true and correct, and that if I negotiate the original check listed above, I will reimburse the DuPage County Treasurer for the check amount plus any associated costs of recovery.

SUBSCRIBED AND SWORN TO BEFORE ME BY
 _____ (Claimant)
 _____ (Claimant)

CLAIMANT SIGNATURES
 X _____
 X _____

THIS _____ DAY OF _____, 20____

DATE: _____

 (Signature of Notary Public) (County/State)

MAIL THE ORIGINAL NOTARIZED FORM TO:
 Gwen Henry, CPA
 DuPage County Treasurer
 Attn: Unclaimed Funds Division
 421 N. County Farm Road
 Wheaton, IL 60187

MY COMMISSION EXPIRES: _____

NOTARY SEAL: