



LOST CHECK REPLACEMENT FORM

(Complete form, sign, and mail to address shown above)

SECTION 1 – (To be completed by vendor)

NAME: _____
(Name of representative completing form)

ADDRESS: _____

CITY, STATE & ZIP: _____

I/We, _____, do hereby certify that Miami Dade County's check # _____
dated _____ in the amount of \$ _____ payable to _____ was
not received/lost after being received.

A replacement check is hereby requested with the full knowledge that if the original check for which this
duplicate is drawn should ever be presented and paid, I/We will be obligated to repay to the Miami-Dade Public
Housing Agency the sum of \$ _____.

This obligation is to remain in full force for two years from this date when it will become null and void.

CORPORATION/COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SIGNATURE OF PAYEE/OFFICER: _____

TITLE: _____

DATE: _____

IMPRINT CORPORATE SEAL HERE

SECTION 2 – (To be completed by MDPHA Staff)

DATE RECEIVED: ____/____/____

PROCESSED BY: _____

VENDOR NUMBER: _____

DATE PROCESSED: ____/____/____

CLIENT NUMBER (if applicable): _____