

Office of the City Treasurer – Milwaukee, Wisconsin

Request to Stop Payment and Reissue Check Affidavit

On _____, the City of Milwaukee (City) issued check number _____ drawn on _____, Milwaukee, Wisconsin in the amount of \$ _____ payable to _____ in payment of _____.

The undersigned, _____, representing _____

(Affiant), hereby swears, represents, and warrants to the City as follows:

- 1. Affiant's address is _____
2. Affiant's telephone is _____ at home and is _____ at work.
3. If a payroll check, Affiant's pay location is _____ and Affiant's employee ID number is _____.
4. Affiant [] never received the check referenced above, or [] received the check and subsequently lost same, or [] believes the check was stolen and Affiant does not know the identity of the thief.
5. Affiant never endorsed, conveyed, or assigned the check to anyone else.
6. Affiant has never presented the check to the City, any person, financial institution, or other establishment for payment.
7. In the event Affiant becomes aware of the check's whereabouts, Affiant will immediately provide the City Treasurer with written notice at City Hall-Room 103, 200 East Wells Street, Milwaukee, Wisconsin 53202, will not take any actions to cash or redeem the check, and will promptly return the check to the City Treasurer at the forgoing address.
8. Affiant hereby requests the City to issue a replacement check to the Affiant, and hereby agrees to indemnify and hold the City harmless from and against any and all liability, cost, expense, damage or claim (including, but not limited to reasonable attorney fees) which the City may incur or which may be asserted against the City as a result of any fraud or misstatement of fact or omission of fact by Affiant concerning the subject matter hereof, any attempt by anyone to cash, collect on, or otherwise redeem the check or collect any funds relating thereto, and/or any claim, demand, or action by anyone as a result of City's reliance thereon.
9. Affiant agrees to repay to the City Treasurer all monies received from the cashing of the aforementioned replacement check if the original check is found to have been paid.
10. Affiant intends that this document be binding on Affiant and his or her personal representatives, successors, heirs, and assigns. Affiant intends that Wisconsin law apply to this document, and Affiant agrees to submit to the jurisdiction of Milwaukee County, Wisconsin Circuit Courts and that the same is the proper place of venue for matters relating thereto.
11. Upon the City's issuance of a replacement check to Affiant as requested, Affiant shall release and forever discharge the City of and from any and all liability relating to the Check or to the circumstances giving rise to the check.

Signed: _____ Dated: _____

I, _____, a Notary Public, do hereby acknowledge that on _____, the above named personally appeared before me, and personally acknowledged that he/she executed the above document for the purposes set forth therein of his/her own free will. Seal not required.

Signed: _____

Printed Name: _____ My Commission Expires: _____

For City Treasurer Use Only

Date and Time Bank Called: _____ Spoke with: _____

Status: _____

Stop Payment Confirmed by: _____ Date: _____

For City Comptroller Use Only

Replacement Check Approved by: _____ Date: _____

Replacement Check Number: _____ Dated: _____

Issued by: _____