



AFFIDAVIT

City of Mill Creek

15728 Main Street, Mill Creek, WA 98012 ♦ 425-745-1891

**STATE OF WASHINGTON,
COUNTY OF SNOHOMISH**

I, _____, being first duly sworn upon oath, depose and say that I am the proper owner, payee, or legal representative of such owner or payee of City of Mill Creek original check No. _____ dated _____ in the amount of _____ Dollars (\$_____) which said instrument was issued in payment for _____ and that the same has been lost or destroyed and has not been paid and request that a duplicate check be issued. I hereby agree that if the original check should be found, I will immediately deliver the same to the City of Mill Creek for cancellation.

Signature _____

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

Notary Public in and for the State of Washington

Printed Name

Residing at _____

Commission expires _____