

APPLICATION FOR DUPLICATE CHECK

Please complete this form, and return it to:

Department: _____
Address: _____

Please be informed that the State of Maine check # _____

dated _____ in the amount of \$ _____ issued to

_____ has:

_____ not been received

_____ been lost

_____ been destroyed

and has not been negotiated by the payee or anyone on behalf of the payee. I agree to surrender said lost check to you promptly for cancellation if it should at any time come into my possession or under my control.

In consideration of your refusing payment of said check and issuing in lieu thereof a substitute check in reliance upon my representation and agreement, I hereby agree to indemnify you and your successors in office from and against any and all claims, actions, liabilities, losses and expenses incurred or suffered by me by reason of said representation being, in any respect, not in accord with the facts or by reason of my failure to surrender said lost check in the event that it comes into my possession or under my control.

Signature: _____ Witness: _____

Address: _____

Date: _____