LOST/STOLEN CHECK AFFIDAVIT REQUEST FOR ISSUANCE OF A DUPLICATE CHECK

I _____ of _____,
(Name)   (Street Address)

_____, _____, _____, County of _____,
(City)   (State)   (Zip Code)

State of Kansas, being duly sworn depose and say that a check from the Kansas Payment Center,

check number _____, issued on _____, in the amount of $_____ to

my order has not been received by me, nor do I have any knowledge as to its whereabouts. In

consideration of the issuance and delivery to me of a new or duplicate check in the like amount, I

hereby agree that I will promptly surrender the check first described should such check ever come into

my possession, custody, or control.

I understand that any willfully false statement or representation I make may subject me to prosecution
as allowed under the Kansas Criminal Code.

_____
(Affiant)

Subscribed and sworn before me on this _____ day of _____, _____.

_____
(Notary Public)

Complete and return to the Kansas Payment Center, P.O. Box 750080, Topeka, KS 66675-0080. For
questions, call **1-877-KPC-KPCC**.

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Multiple Checks List

Check #1 should be entered on actual L/S Affidavit, all checks thereafter should be listed on this page (below).

Check # - _____   Check # - _____
Date Issued - _____   Date Issued - _____
Amount - _____   Amount - _____

Check # - _____   Check # - _____
Date Issued - _____   Date Issued - _____
Amount - _____   Amount - _____

Check # - _____   Check # - _____
Date Issued - _____   Date Issued - _____
Amount - _____   Amount - _____

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Date Issued - _____   Date Issued - _____
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Amount - _____   Amount - _____

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Date Issued - _____   Date Issued - _____
Amount - _____   Amount - _____

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