



City of Cheyenne
Department of Accounting
2101 O'Neil Ave, Rm 309
Cheyenne, WY 82001

LOST CHECK REPLACEMENT FORM

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

SECTION 1 – (To be completed by payee/vendor)

NAME: _____
(Name of representative completing form)

ADDRESS: _____

CITY, STATE, ZIP: _____

I/We, _____, do hereby certify that the City of Cheyenne/Municipal Court'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 City of Cheyenne/Municipal Court the sum of \$ _____.

CORPORATION/COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SIGNATURE OF PAYEE/OFFICER: _____

TITLE: _____

DATE: _____

SECTION 2a – (To be completed by Accounting staff - Accounts Payable checks)

DATE RECEIVED: _____ PROCESSED BY: _____

VENDOR #: _____ DATE PROCESSED: _____

HAS ORIGINAL CHECK CLEARED THE CITY'S BANK? (IF 'YES', CANNOT RE-ISSUE) YES NO

SECTION 2b – (To be completed by Municipal Court staff - Bond Refund checks)

DATE RECEIVED: _____ PROCESSED BY: _____

CASE # _____ DATE PROCESSED: _____

HAS ORIGINAL CHECK CLEARED THE CITY'S BANK? (IF 'YES', CANNOT RE-ISSUE) YES NO