

**TOWN OF SUDBURY  
REQUEST FOR REPLACEMENT CHECK**

Payee: \_\_\_\_\_

Check No: \_\_\_\_\_

Amount: \_\_\_\_\_

Dated: \_\_\_\_\_

Reason Drawn:    Payroll        Vendor

Reason for Replacement (please check one)

- Stale check (attach original check)
- Check was not received, nor endorsed, nor has any endorsement been authorized by me.
- Check was received and lost, but has not been endorsed, nor has any endorsement been authorized by me.
- Check was received by me and endorsed and lost thereafter, (please attach a statement of explanation.)

By requesting a replacement check and negotiating the same, I acknowledge and agree, under penalty of law that these funds belong to me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_