

CITY OF NORTH RIDGEVILLE, FINANCE DEPARTMENT

LOST/STOLEN CHECK REISSUE FORM

Payee Name	
Invoice No./Date	
Invoice Amount	

By signing below, I certify that I am either the payee or an authorized representative of the payee above. I certify that no check has been received nor submitted to a financial institution for payment for the invoice number above. I am requesting the City of North Ridgeville, Finance Department to void the check issued for the invoice indicated above and reissue a new check. I understand that the check associated with the invoice above will be voided and will not be honored if submitted for payment to a financial institution. The City is not liable for any fee (s) incurred should the check be submitted for payment and rejected. I further agree to destroy the lost check above should it be recovered.

Signature: _____ Title: _____

Date: _____

This form can be remitted via email, fax or US mail to:

City of North Ridgeville
 Finance Department
 7307 Avon Belden Road
 North Ridgeville, Ohio 44039
 (Fax) 440-490-2067

apinvoices@nridgeville.org

Finance Department Use Only

Void Check Number	
Check Date	
Check Amount	
Reissued Check Number	
	Signature
	Date
Verification of Outstanding Check/Stop Pay	
Check Voided / Date	
Check Reissue / Date	