



Date
MM/DD/YYYY

Lost Check Replacement Form

Mail form and replacement check to the following address:

Name
Address
Address
City/St/Zip

Information to be Provided by the Payee(s)

I (We) confirm that I am (we are) unable to locate the check referenced above and request that the State of Utah, Division of Finance, stop payment on the original check and issue a replacement check.

Signature of Payee	Social Security # or Employee ID # or Tax ID #	Telephone #
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Signature of Joint Payee (if lost check is a joint tax return)	Social Security # or Employee ID # or Tax ID #	Telephone #
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When the completed form is returned, the Disbursements Section will place a stop payment with the bank on the original check and issue a replacement check. If you locate the original check **after** you have returned this form, contact the Disbursements Section at (801) 538-3200. Do not deposit or cash the original check. **Please allow 10 days for processing and mailing of the replacement check.**

Return Completed Form in the Return Envelope Enclosed Or

Mail Completed Form To:

Division of Finance
Disbursements Section
1135 State Office Building
Salt Lake City, Utah 84114

Or Fax Completed Form To: (801) 538-3562

Information Provided by State Departments and/or the Division of Finance

State Departments: Please fill in the original check number if available.

Payee

Payee(s) (If lost check is a joint tax return, both names should be listed)

Original Check Number

Duplicate Check Number

Check Amount

Check Date

Date Duplicate Check
Mailed/Released

MM/DD/YYYY

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