

**CITY OF MERCER ISLAND
LOST CHECK AFFIDAVIT AND AGREEMENT OF INDEMNIFICATION**

The undersigned states:

I am the proper owner, payee, or legal representative of such owner or payee of City of Mercer Island check issued in payment of goods or services, and that said check has been lost, destroyed, or not received and to the best of my knowledge has not been paid.

I understand that the City will issue a check in place of the original and I hereby agree to hold the City of Mercer Island harmless from the payment of the original check and all costs and charges on account should the original check be presented and paid in due course.

Check: # _____ Amount: \$ _____ Dated: _____

I certify and declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Printed Name

City and State Where Signed

Company (if applicable)

Address

Phone

City State Zip

Submit completed form to: finance@mercerisland.gov

– or –

City of Mercer Island
Attn: Accounts Payable
9611 SE 36th Street
Mercer Island, WA 98040