HIDDEN VALLEY LAKE COMMUNITY SERVICES DISTRICT
CHECK REISSUE & CONFIRMATION FORM

INSTRUCTIONS: Please complete this form and return it to the District within 30 days. Forms can be returned by mail, the District's drop box, or fax (707) 987-3237.

SECTION 1: ORIGINAL CHECK DETAILS (*Completed by the District*)

PAYEE NAME:
CHECK NUMBER:
ISSUE DATE:
CHECK AMOUNT:

SECTION 2: PAYEE ACTION REQUEST (*Please check ONE box below*)

☐ **REISSUE THE CHECK (Check is Lost/Destroyed/Never Received)**
I certify that I am the rightful owner of these funds. I have not cashed, deposited, or transferred the original check. I understand the original check will be voided. Please mail a replacement check to the address listed in Section 3.

☐ **ALREADY CASHED**
I have already deposited or cashed this check. (Date: _____)

☐ **DECLINE FUNDS / WAIVE CLAIM**
I do not wish to claim these funds. Please cancel the check.

SECTION 3: PAYEE VERIFICATION & MAILING ADDRESS (*Please print*)

FULL NAME OF PAYEE: _____

CURRENT MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

SECTION 4: REQUIRED AUTHORIZATION & SIGNATURE

By signing below, I certify under penalty of perjury under the laws of the State of California that the information provided above is true and accurate. If the original check is found after this request is submitted, I agree not to attempt to cash or deposit it.

Authorized Signature: _____ Date: _____

Printed Name: _____ Date: _____
(*Title required only if signing on behalf of a business, trust, or estate*)