

**DECLARATION TO OBTAIN DUPLICATE OF LOST OR DESTROYED WARRANT**

Declarant's Name: \_\_\_\_\_

Declarant's SSI #: \_\_\_\_\_

Declarant's Phone # \_\_\_\_\_

Declarant's Address: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ do declare and state:

That I am the legal owner of that certain county warrant numbered \_\_\_\_\_

dated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and drawn by the county auditor of the County of

Santa Clara on the General Fund of Santa Clara County, in favor of \_\_\_\_\_

\_\_\_\_\_ as payee thereof, for

\_\_\_\_\_ dollars;

That said warrant has not been paid but was \_\_\_\_\_

before the same was paid by the Santa Clara County treasurer.

All material facts relative to the loss or destruction of the warrant are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that the forgoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Witness' Address

\_\_\_\_\_

*Submission of a false claim will be prosecuted to the fullest extent of the law.*