Clear Form

AFFIDAVIT FOR LOST OR STOLEN WARRANT

STATE OF NEVADA
Office of the
STATE CONTROLLER
101 N CARSON ST STE 5
CARSON CITY NV 89701
775/684-5750

CLAIM #: _____

RETURN COMPLETED AFFIDAVIT TO:

NEVADA UNCLAIMED PROPERTY
555 E WASHINGTON AVE STE 4200
LAS VEGAS NV 89101-1070

STATE OF _____)
) ss.
COUNTY OF _____)

_____ of _____,
Your Name Business Name

being first duly sworn under penalty of perjury, does solemnly affirm and declare that the following assertions are true:

THAT he/she is the person to whom Nevada State Controller's Warrant No. _____
Check number
(Check one: ☐ Accounts Payable ☐ Payroll), dated _____, was issued for the sum of
Check Date
$ _____.
Check Amount

THAT said warrant has not been paid to him/her.

THAT said warrant is not, to the knowledge of the Affiant, held by any other person or persons.

AFFIANT, therefore, asks the Board of Examiners of Nevada to authorize the State Controller to issue another warrant in lieu of such original warrant.

_____
AFFIANT

SUBSCRIBED and SWORN TO before me this
_____ day of _____, 200____.

_____
NOTARY PUBLIC