

APPLICATION FOR CHECK REPLACEMENT AND INDEMNITY AGREEMENT

Must provide a copy of the applicant's valid driver's license or ID card.

DATE: _____

I, _____ certify:
(first) (middle) (last)

1. That the address of the above is: _____
(street, apt #, city, state, zip code)

County of _____ Mailing address (if not the same as above) _____

2. That check no. _____, dated _____, drawn by the Palm Beach County Tax Collector on Wells Fargo Bank, N.A. in the amount of \$ _____ was issued payable to the order of _____ and I make application for a duplicate check to replace said check which has been lost or destroyed.

3. That the check was was not endorsed. If endorsed, state exactly the matter of all endorsements appearing thereon: _____.

4. That, except as stated above, the whereabouts of said check is unknown to me.

5. In consideration of the Tax Collector's reliance upon the foregoing representations and certifications and in further consideration of the Tax Collector's compliance with the foregoing request, the undersigned hereby agrees to indemnify and hold the Tax Collector harmless from and against any and all claims, demand, losses, damages, actions, including expenses, costs and reasonable attorney's fees which the Tax Collector at any time may sustain or incur by reason of the Tax Collector's reliance upon the foregoing representations and warranties and compliance with the foregoing request of the undersigned.

The undersigned understands that the liability of the undersigned to the Tax Collector, including without limitation, the payment to the Tax Collector of a sum of money equal to the original check or the assertion is made. The undersigned hereby agrees to deliver to the Tax Collector for cancellation the original Tax Collector's check if the same shall ever be found.

APPLICANT'S SIGNATURE: _____
DATE: _____
CONTACT PHONE NUMBER/EMAIL ADDRESS: _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, year _____, by _____
(name of person making statement)

(Signature of Notary Public - State of _____)

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification
Type of Identification Produced _____