



KAREN E. RUSHING
Clerk of the Circuit Court and County Comptroller

For assistance with this Affidavit for Stop Payment form, and return instructions, please visit the Clerk and Comptroller's website, www.SarasotaClerk.com, or contact the Finance Department at (941) 861-5165. All fields are required.

AFFIDAVIT for STOP PAYMENT

Check #: _____

Date of check: _____

Amount of check: _____

Description / Case #: _____

Payable to (Payee Name): _____

BEFORE ME, the undersigned authority, who is being duly sworn and says that the following information is true and correct according to his/her best knowledge and belief:

My name is _____ . . . I am the lawful payee, or authorized representative of the lawful payee, of the above referenced check. I did not receive the check and after a due and diligent search for the same cannot find it.

I am requesting that a stop payment be placed on the above check. Should I receive the above described check in the future, I agree to return it to the office of the Clerk of the Circuit Court and County Comptroller.

Should the above check be presented for payment by the lawful payee or authorized representative of the lawful payee, the lawful payee agrees to fully reimburse Karen E. Rushing, Clerk of the Circuit Court and County Comptroller as custodian for the Board of County Commissioners.

AFFIANT (Signature)

Relationship to Lawful Payee: _____

Street Address: _____

City, State, Zip: _____

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me personally appeared _____, who is personally known to me, or who produced _____ as identification, and acknowledged to and before me that she/he executed this Affidavit for the purpose therein expressed.

WITNESS my hand and official seal this _____ day of _____, 20 _____.

Notary Public / Deputy Clerk

My commission expires: _____

Clerk of Circuit and County Court • Clerk of Board of County Commissioners • County Comptroller, Auditor and Recorder