



GOVERNMENT OF THE DISTRICT OF COLUMBIA
 OFFICE OF THE CHIEF FINANCIAL OFFICER
 OFFICE OF FINANCE AND TREASURY
 PAYMENT OPERATIONS CENTER
 1101 4TH STREET, S W., SUITE W890
 Office: (202) 727-6060, Fax: (202) 727-2607

APPLICATION FOR STOP CHECK PAYMENT
 (Statement of Claimant)

Description of Check: _____ Date: _____

BANK CHECK NO. _____ PHONE NUMBER: _____
 AMOUNT OF CHECK: _____ HOME: _____
 ISSUE DATE: _____ CELLULAR: _____
 ISSUE DATE: _____ OFFICE: _____

1. FOR WHAT PURPOSE WAS THE CHECK ISSUED? _____

2. CHECK ONE { } THE CHECK WAS NOT RECEIVED
 { } THE CHECK WAS LOST, STOLEN, DESTROYED AFTER RECEIPT.

3. IF RECEIVED, WAS THE CHECK ENDORSED? _____
 IF "YES" STATE THE EXACT FORM OF ENDORSEMENT _____

4. STATE THE CIRCUMSTANCES OF THE LOSS OR DESTRUCTION OF CHECK IF RECEIVED:

5. CLAIMANT NAME: _____ SSN _____

ADDRESS (Street) _____
 (City) _____ (State) _____ (Zip) _____

 (Signature of Paayee or Claimant) (Signature of Co-Payee)
 (BOTH PAYEES MUST SIGN IF CHECK IS DRAWN JOINTLY)

DATE RECEIVED _____ RECEIVED BY _____

REMARKS: