

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 \_\_\_\_\_