



ALBERT URESTI, MPA, PCC
Bexar County Tax Assessor-Collector
PO BOX 839950 SAN ANTONIO, TX 78283-3950

Please mail the
ORIGINAL completed
affidavit to the PO Box
on this form.

Phone: (210) 335-6571

Check Replacement Affidavit

Requestor Printed Name		Phone Number	Email Address
Tax Account Number (12 digits)	Check Number	Issue Date	Amount of Check \$
Payee			
Action Requested:(check one) <input type="checkbox"/> Reissue Check <input type="checkbox"/> Transfer to property tax account _____, year(s) _____			
Check the reason for replacement request: (attach issued check if applicable)			
<input type="checkbox"/> Stale Dated* (Past 90 days from issue date) <input type="checkbox"/> Lost by Payee* *\$15.00 Reissuance fee subtracted from the amount of refund.			
<input type="checkbox"/> Lost in the Mail, never received <input type="checkbox"/> Incorrect Payee (Proof of Payment Required)			
<input type="checkbox"/> Other _____			

Reissue to: Check may only be reissued to payer of record; if name and/or address should be different, please indicate below.

Name(s)	Address
City, State, Zip	
Signature hereby binds requestor to at all times hereafter indemnify and save harmless the County of Bexar against all loss, or damage, or claim by reason of issuance and delivery of said replacement check, and all costs, charges, damages, and expenses of any kind or nature, whether groundless or otherwise, arising out of the issuance of said replacement check.	
Signature of Affiant (Requestor)	Date

If you make a false statement on this application, you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10.

ORIGINAL NOTARIZED DOCUMENT REQUIRED FOR LOST CHECK

State of Texas, County of _____

_____, personally appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein contained are true.

Sworn to and subscribed before me on this the _____ day of _____ A.D., _____.

(Personalized Seal)

Notary Public's Signature

TAX OFFICE USE ONLY:	Department: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Property Tax Contact Person: _____ Phone: X _____
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied, Reason: _____ Customer Contacted: <input type="checkbox"/> Y <input type="checkbox"/> N
	CK AMT: _____ - <input type="checkbox"/> Reissue Fee \$15.00 = Reissue AMT: _____
	<input type="checkbox"/> Transferred funds as requested to property tax account.
	By: _____ Date: _____ QC: _____ Date: _____ Lead Approval: _____ Date: _____
	Financial Reporting Department: <input type="checkbox"/> Stop Payment refund over \$25.00 <input type="checkbox"/> No Stop Payment, refund under \$25.00
	By Lead/Supervisor: _____ Date Received: _____
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied, Reason: _____ Customer Contacted: <input type="checkbox"/> Y <input type="checkbox"/> N
	By: _____ Date: _____ QC: _____ Date: _____