

REQUEST FOR DUPLICATE CONTROLLER'S WARRANT / STOP PAYMENT

STD 435 (REV. 9-2000) (Page 1)

DATE REQUESTED	AGENCY TELEPHONE NUMBER	WARRANT NUMBER
REQUESTING AGENCY	UNIT/SECTION	DATE ISSUED (MMDDYY)
IDENTIFICATION NUMBER		AMOUNT (Net Only)
NAME (Exactly as it appears on warrant)		FUND NUMBER
NAME		SCO USE ONLY
ADDRESS		STATUS
AND ZIP		EFFECTIVE STOP DATE
CODE		REPLACEMENT NUMBER
		REPLACEMENT DATE

RETURN TO: State Controller, Administration and Disbursements Division, P.O. Box 942850, Sacramento, California 94250-5871
IMPORTANT! SEE INSTRUCTIONS (on reverse)

I, _____
 mailing address _____
 _____ Street _____ City _____ State _____ Zip Code _____

certify or declare:
 That the State of California Controller's warrant described above was never received; lost/destroyed;

stolen on or about _____ (give date, including year), under the following circumstances:

That declarant is the owner or custodian of said warrant, has not cashed or transferred same, and is entitled to possession thereof; or the corporation, partnership, or government agency in whose behalf declarant makes this application, is the owner or custodian, has not cashed or transferred same, and is entitled to possession thereof.

(if a corporation is owner or custodian) That declarant is an officer, to wit _____
Title

of, _____, a corporation and is authorized to make this application and enter into the indemnity agreement provided herein on behalf of said corporation.

Application is made to the State Controller to issue a duplicate warrant in lieu of said original warrant, and declarant, or partnership or corporation in whose behalf he applies, agrees to indemnify and hold harmless the State, its officers and employees, from any loss resulting from the issuance of said duplicate warrant. (This indemnity agreement is not applicable if the payee of the lost or destroyed warrant is any governmental agency or officer thereof; or if the State of California, agency or officer thereof, is owner or custodian.)

I/We certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DECLARANT(S)	DATE SIGNED
1. _____	_____
2. _____	DATE SIGNED
TITLE (If signing for Corporation, Partnership or Government agency)	
CORPORATION, PARTNERSHIP, OR GOVERNMENT AGENCY NAME (Ifapplicable)	
DAYTIME TELEPHONE NUMBER (Include Area Code)	
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INSTRUCTIONS

1. The completion of this application form and its return to the office at the address below will enable The State Controller to issue and send to you a duplicate warrant to replace the original which was reported never received, lost/destroyed, or stolen.
2. If you receive the original warrant prior to completing this form:
 - A. Cash the original warrant;
 - B. Destroy this form.
3. Please fill out the form carefully and completely. All blanks must be filled. An individual applying in his/her own behalf need not show his/her title, or name of firm, corporation, or governmental agency.
4. If the warrant is drawn to more than one payee, each must sign the application. Each payee must sign his or her own name as it appeared on the original warrant.
5. **DO NOT CASH THE ORIGINAL WARRANT ONCE THE APPLICATION HAS BEEN SIGNED AND RETURNED TO THE STATE CONTROLLER'S OFFICE!** If the original warrant is presented for payment, it will not clear through the banking system, and processing charges may result. The original warrant is invalid and should be returned to this office if received or recovered.
6. Please note the warrant number and issue date for your records. Inquiries can be made to the original issuing agency (see top of first page).
7. Return all pages to the State Controller's Office.
8. Mail completed application to:

State Controller's Office
Administration & Disbursements Division - Post Issuance Unit
P.O. Box 942850
Sacramento, CA 94250-5871
Telephone: (916) 445-3903

REQUEST FOR DUPLICATE CONTROLLER'S WARRANT / STOP PAYMENT

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(This form is to be completed by the Requesting Agency)

WARRANT NUMBER
DATE ISSUED (MMDDYYYY)
AMOUNT (NET ONLY)

NAME (EXACTLY AS IT APPEARS ON WARRANT)	
NAME ADDRESS AND ZIP CODE	

The State Controller's Office issued and mailed a duplicate warrant to the payee listed above on _____

Agency Address: (required)