



City of Knoxville Pension System
917B East Fifth Avenue
Knoxville, TN 37917-7737
Phone: (865) 215-1444
Fax: (865) 215-1440

LOST CHECK AFFIDAVIT

I, _____, being duly sworn, hereby make the following statement under oath.

I have never received or have lost check number _____ issued by Northern Trust dated _____, in the amount of \$_____ for the month of _____, _____ and payable to the order of _____, said check having been issued for the account of the City of Knoxville.

In consideration of the issuance of a replacement check, I hereby agree that in the event the original check is found or delivered, I will return it, uncashed, to the City of Knoxville Pension Board.

Executed this the _____ day of _____, _____

Printed Name: _____

Street Address: _____

City, State & Zip Code: _____

Social Security Number: _____ - _____ - _____

Phone Number: _____ - _____ - _____

Signature

Date

Witness Signature

Date

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____