

**HADLEY-LUZERNE CENTRAL SCHOOL DISTRICT**

**27 Hyland Drive**

**P.O. Box 200**

**Lake Luzerne, New York 12846**

**Telephone 518-696-2112**

**Fax 518-734-0726**

DATE: \_\_\_\_\_

THE FOLLOWING FORM IS REQUIRED TO SUPPORT ANY CLAIM FOR A REPLACEMENT CHECK FOR ONE WHICH HAD BEEN PREVIOUSLY ISSUED BY THE HADLEY-LUZERNE CENTRAL SCHOOL DISTRICT AND WHICH HAS BEEN LOST, STOLEN OR DESTROYED.

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I, \_\_\_\_\_ residing at \_\_\_\_\_, hereby state that I have (circle one) – lost – misplaced – never received – the following check previously issued to me by the Hadley-Luzerne Central School District:

Date: \_\_\_\_\_  
Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Payee: \_\_\_\_\_

I hereby request that the Hadley-Luzerne School District issue a new payment to me and in consideration of such payment, I hereby hold the Hadley-Luzerne School District harmless and fully indemnify it in the event that it suffers any monetary loss as a result of the above incident or repayment.

In the event I regain possession of the original check at any time in the future, I will mark it "VOID" and return it to the Hadley-Luzerne School District Business Office.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness:

Signature: \_\_\_\_\_  
Print name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Business Administrator's Approval: _____	Date: _____
Replacement Check Issue Date: _____	Check #: _____