



DEDHAM-WESTWOOD WATER DISTRICT

50 Elm Street • Dedham, MA 02026 (781) 329-7090 • Fax (781) 329-8737

www.dwwd.org

LOST CHECK & OVERPAYMENT AFFIDAVIT

Instructions: To claim a lost check, please read and fill out the entire form. To claim an overpayment, please fill out #1, #2, and read #5.

The form **must be notarized**. The **original notarized form must be brought into the office OR mailed to the District**, 50 Elm Street, Dedham, MA 02026.

Choose One:

Lost Check

Overpayment

1. I _____ (claimant), being duly sworn upon oath, submit the following, which may be relied and acted upon by the Dedham-Westwood Water District:
2. I, _____, am the original and sole owner of the check below.
3. I have never made the check payable to another person.
4. I have not sold, assigned, transferred, nor pledged the lost check and balance, nor given it away, nor authorized nor empowered any person or persons, corporation or association, to draw any amount on the same.
5. In consideration of the payment to one the said amount, I agree to indemnify the Dedham-Westwood Water District and hold harmless for and from all claims and loss, costs, damages, and expenses which the Dedham-Westwood Water District may sustain by reason of the turning over of the said amount to me and by the reason further of its refusal hereafter to pay the said amount to any other person or persons.

Claimant's Signature – Witnessed by a Notary Public

Subscribed and Sworn to before me,

This _____ day of _____, _____. A Notary Public in and for the

County of _____ in the State of _____.

Signature of Notary Public _____ Commission Expires _____

TO BE FILLED OUT BY DEDHAM-WESTWOOD WATER DISTRICT

Lost Check: _____
Bank Name _____ Check # _____

Lost Check Reissued: _____
Date _____ Check # _____ Amount _____

Overpayment Reissued Check: _____
Date _____ Check # _____ Amount _____

Received By: _____ **Approved By:** _____