



INDIVIDUAL AFFIDAVIT OF NO ENDORSEMENT

Mail to: NYC Department of Finance, Treasury Division, Client Services, 1 Centre Street, Room 2200, New York, NY 10007

Instructions: Please complete and notarize this affidavit and mail to the address above.

Date: ____/____/____

S.S.#/TIN: _____

STATE OF NEW YORK
COUNTY OF NEW YORK

I, _____, being duly sworn, depose and say:
FIRST NAME LAST NAME

I reside at _____,
NUMER AND STREET

in the City of _____, State of _____, Zip Code _____, Telephone Number (____) _____.

That I am the person named as payee as noted below.

CHECK NUMBER	CHECK DATE	CHECK AMOUNT	PAYEE NAME	DATE PAID

That I have never received the check.

That I have not received the proceeds of said check nor any part thereof.

That I make this affidavit voluntarily and for the purpose of establishing a forgery.

CERTIFICATION

Signature

Sworn to before me

this _____ day of _____, 20____

NOTARY PUBLIC/COMMISSIONER OF DEEDS