

CITY OF LOMPOC

Stop Payment Request Form

Return completed form to:

City of Lompoc
Finance Department
100 Civic Center Plaza
Lompoc, CA 93436

I, _____, have lost or never received the
(Payee)

City of Lompoc check number _____, dated _____.

Please stop payment of the above check and issue another in its place.

I understand that if I find or receive the check, I am to forward it to the Finance/Accounts Payable Department immediately or be held responsible for payment if it is cashed.

I understand that the waiting period for the replacement check could be fifteen (15) to thirty (30) working days.

_____	_____
Payee Name (print)	Telephone Number
_____	_____
Vendor or Individual Name (signature)	Date
_____	_____
Address	City/State/Zip Code

FOR FINANCE DEPARTMENT ONLY

Check No. _____ Check Amount \$ _____
Date bank notified _____ Spoke to _____ Confirm No. _____
Date check replaced _____ Check No. _____
Send check or call for pick-up(other notes): _____

Verified By: _____ Date: _____
Approved By: _____ Date: _____