

**CANCELLATION OF CHECKS OVER TWO YEARS OLD
REISSUE REQUEST**

TO: CHAIR, ROCK COUNTY BOARD OF SUPERVISORS
COUNTY CLERK

On _____, the Rock County Board of Supervisors cancelled Check No. _____, dated _____, in the amount of \$_____, payable to _____.

I, _____, am the person to whose favor such check was drawn and wish to have a new check in the amount of \$_____ issued to me and mailed to the following address: _____

NOTE: Pursuant to Wis. Stat. § 59.64(4)(e), the date of the application must be within six (6) years of the issuing date of the original check.

Applicant's signature

Subscribed and sworn to before me this
_____ day of _____, 20____.

Notary Public, _____ County, WI
My Commission Expires: _____

APPROVED:

Chair, County Board of Supervisors

Date

Rock County Clerk

Date