



CITY OF HAWTHORNE

REQUEST FOR REPLACEMENT WARRANT

ACCOUNTS PAYABLE

I/WE, THE UNDERSIGNED, DECLARE THAT I AM THE PAYEE (OR AUTHORIZED AGENT OF THE PAYEE) OF THE CITY OF HAWTHORNE WARRANT AS DESCRIBED BELOW AND DECLARE THAT SAID WARRANT WAS **(please check one)** () LOST, X () DESTROYED, OR () NEVER RECEIVED UNDER THE DESCRIBED CIRCUMSTANCES. I/WE HEREBY REQUEST A NEW SIMILAR WARRANT BE ISSUED TO THE ORIGINAL PAYEE TO REPLACE IT.

WARRANT NO.:		DATE:	
PAYEE NAME:		AMOUNT:	

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT _____
PRINT APPLICANT NAME

MAILING ADDRESS (INCLUDE CITY, STATE, AND ZIP) _____
DAYTIME TELEPHONE (INCLUDE AREA CODE)

EXECUTED THIS ____ DAY OF _____, ____ AT _____
(MONTH) (YR) (CITY AND STATE)

WHEREAS, ABOVE WARRANT WAS EITHER LOST, DESTROYED, OR NEVER RECEIVED UNDER THE FOLLOWING CIRCUMSTANCES:

AND WHEREAS, _____ DESIRES TO GIVE AN UNDERTAKING
(PRINT PAYEE NAME)

FOR ISSUANCE OF SAID WARRANT AS PROVIDED BY § 53461 OF THE GOVERNMENT CODE OF THE STATE OF CALIFORNIA. NOW THEREFORE, I/WE, THE UNDERSIGNED SURETIES, DO HEREBY OBLIGATE OURSELVES, JOINTLY AND SEVERALLY, TO THE CITY OF HAWTHORNE AND ITS OFFICERS/AGENTS TO INDEMNIFY AGAINST ANY LOSS INCURRED ON ACCOUNT OF THE WARRANT UNDER SAID STATUTORY OBLIGATION IN THE SUM OF:

_____ DOLLARS.

DATE SURETY (APPLICANT)

DATE SURETY (APPLICANT)

OFFICE USE ONLY:				
VENDOR:		VENDOR NAME:		
INVOICE:		ACCOUNT NUMBER:		AMOUNT:

FINANCE MANAGER APPROVAL _____
CITY MANAGER APPROVAL