

STATE OF WISCONSIN CLAIM FOR REISSUANCE OF CHECK

Official Use Only

Please fill out form completely—incomplete forms may be returned. Submit one notarized copy of this form, along with the original check(s), if you still have them, to the Claims Board, P.O. Box 7864, Madison, WI 53707-7864. *(Claim files are considered public records. Information submitted may be open to inspection by the public under Wisconsin Public Records Law.)* Questions? Please call (608) 264-9595.

Claimant Name & Address:	Official Use Only
Claimant Phone Number:	
Claimant Social Security Number (for verification purposes only):	

I am requesting reissuance of the following check(s): (Attach checks to this form, if available.)

Check Number	Amount	Date Issued

Total: \$ _____

Statement of Circumstances: Briefly explain why checks were not cashed in a timely fashion. (Attach pages as needed.)

I hereby certify that all statements contained herein and on any attachments hereto are true and that the losses claimed were actually incurred.

Signature of Claimant

Date

The above-named claimant personally came before me this day and is known to me to be the person who executed the foregoing instrument and acknowledged the same.

Notary Public

Date

_____ County, _____ My Commission Expires: _____

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