



For questions, please call (801) 957-7760

**Note:** Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

## Lost Check Replacement Form

**Mail form and replacement check to the following address:**

Name  
Address  
Address  
City/St/Zip

**Replacement Check Instructions:**

Mail  
Hold for Pickup  
Mail with attachment  
Notes:

### Information to be Provided by the Payee(s)

I (We) confirm that I am (we are) unable to locate the check made payable to me, or that the payment has already expired, and request that the State of Utah, Division of Finance, stop payment on the original check and issue a replacement check.

Signature of Payee

Telephone #

Signature of Joint Payee (if lost check is a joint tax return)

Telephone #

When the completed form is returned, the Disbursements Office will place a stop payment with the bank on the original check and issue a replacement check. If you locate the original check **after** you have returned this form, contact the Disbursements Office at (801) 957-7760. Do not deposit or cash the original check. **Please allow 10 days for processing and mailing of the replacement check.**

**Email/Fax Completed Form To:** [fi\\_disbursements@utah.gov](mailto:fi_disbursements@utah.gov) / (385) 465-6013

**Or Mail Completed Form To:**  
Division of Finance  
Disbursements Office  
4315 South 2700 West FI 1  
Taylorsville, Utah 84129

### Information Provided by State Departments and/or the Division of Finance

**State Departments:** Please fill in the original check number if available.

Payee

Payee(s) (If lost check is a joint tax return, both names should be listed)

Original Check Number

Duplicate Check Number

Check Amount

Check Date

Date Duplicate Check  
Mailed/Released

MM/DD/YYYY

MM/DD/YYYY