



Miami-Dade Public Housing Agency
 Housing Choice Voucher Program
 Florida Quadel, Contractor
 P.O. Box 521750
 Miami, FL 33152-1750
 T 305-403-3222 F 305-629-1032
 TDD/TTY Florida Relay Service,
 800-955-8771 or Dial 711
 miamidade.gov

REQUEST FOR REPLACEMENT CHECK FORM

Complete and sign form. Return form to address noted above, Attn: Finance.

NAME: _____
(Name of representative completing form)

NAME OF PAYEE (check was payable to): _____

FEDERAL TAX ID # or SOCIAL SECURITY #: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE #: (_____) _____ Email: _____ @ _____

I/We, _____, do hereby certify that MDHCV's check # _____
 dated _____ in the amount of \$ _____ payable to _____
 was not received/lost after being received.

A replacement check is hereby requested with the full knowledge that if the original check for which this duplicate is drawn should ever be presented and paid, I/We will be obligated to repay to MDHCV the sum of \$ _____.

 PAYEE SIGNATURE

 DATE

MDHCV Office Use Only

Vendor No.: _____ Date Received _____ HCV Finance Staff _____