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Application for Duplicate Check (Form AD-6b), 2006

Maine Department of Transportation

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TEL: (207) 624-3460
FAX: (207) 624-3401

Town:
PIN:
Parcel:

APPLICATION FOR DUPLICATE CHECK

Please complete this form, have your signature witnessed by a reliable person and return it to this office:

Maine Department of Transportation
Property Office
16, SHS, Transportation Building
Augusta, ME. 04333-0016
Attn.: FAX: (207) 624-3401

Dear Sir/Madame:

I am informed that the State of Maine issued check number dated in the amount of \$ issued to

Has not been received

Has been lost

Has been destroyed

I hereby represent that said check has not been negotiated by the payee or by anyone on behalf of the payee. I agree to surrender said lost check to you promptly for cancellation if it should at any time come into my possession or under my control.

In consideration of your refusing payment of said check and issuing in lieu thereof a substitute check in reliance upon my representation and agreement, I hereby agree to indemnify you and your successors in office from and against any and all claims, actions, liabilities, losses and expenses incurred or suffered by you by reason of said representation being, in any respect, not in accord with the facts or by reason of my failure to surrender said lost check in the event that it comes into my possession or under my control.

Very truly yours,

Witness

Signature

Address
