



Town of Fremont NH
Office of the Select Board
PO Box 120
Fremont NH 03044-0120

Telephone 603 895 2226 x 301
Facsimile 603 895 3149

Request to Stop Payment for a Lost/Destroyed Check

Date of request: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Check made payable to: _____

Invoice #: _____ Invoice Amount: \$ _____
(If for a payroll check, include pay date and information about amount of check).

I certify that I have not received or cashed any check payment for the above listed invoice. I request that the Town reissue the above payment. I understand that in some situations I will be responsible to pay a \$25.00 stop payment fee. Further I understand that after I submit this request that the original check is void and I cannot cash it.

Signed: _____

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For Office Use Only

Check #: _____ Check amount: \$ _____ Date of Check: _____

Date Mailed: _____ Vendor: _____

If applicable there is a \$25.00 fee: _____ Date Fee Paid: _____ Ck # _____

Official Authorizing: _____

Date Given to Treasurer: _____ Treas Stop Pmt Conf # _____

Date of Treasurer Processing: _____ Bank Official: _____

Date Check reissued by A/P: _____

Other: _____
