



Supervisor of Elections

TEMPORARY WORKER CHECK RE-ISSUE REQUEST FORM

TO: BCSOE DEPARTMENT: _____
 ATTN: _____
 BROWARD COUNTY SUPERVISOR OF ELECTIONS OFFICE
 ADDRESS: _____
 TELEPHONE NUMBER: (954) _____
 FAX NUMBER: (954) _____

TEMPORARY WORKER'S NAME: _____

MAILING ADDRESS: _____

PHONE NO.: _____

EMAIL ADDRESS: _____

CHECK AMOUNT (if known): \$ _____

SPECIFY ELECTION PROJECT FOR THIS REQUEST: _____

- I certify that I have not received the check indicated above, nor have I received the check and cashed or deposited. I request a stop payment order be placed on this check, and a new check be issued and mailed to me at the above address.
- I certify that I did receive the check indicated above, but have misplaced or lost it. I request a stop payment order be placed on this check, and a new check be issued and mailed to me at the above address.

I further certify that if I receive or locate the check, I will return it to the Broward County Supervisor of Elections Office, Attn: Finance Department, 115 South Andrews Avenue, Room 102, Fort Lauderdale, FL 33301.

I further certify that if I receive or locate the original check, I will not attempt to deposit original check, as I may be assessed a fee from my bank.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____