

**Pinal County  
Department of Finance  
P.O. Box 1348  
Florence, AZ 85132  
(520) 866-6250**

Requestor Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Void warrant #: \_\_\_\_\_ Voided Warrant Date \_\_\_\_\_

Amount: \_\_\_\_\_

Reason for void: \_\_\_\_\_

The above listed warrant was processed on behalf of the above Company.  
I would like to request that a new warrant be **reissued** / **not reissued**.  
(please circle choice above)

Under penalty of fraud, should I ever receive the original check, I will not cash it,  
but return it to the Pinal County Finance Department.

I understand that a stop payment will be issued for the above warrant and  
should this warrant be rendered to a financial institution for payment, the  
warrant will not be honored nor will Pinal County assume any responsibility for  
any fees/ penalties arising from this action.

I certify that I am an authorized representative of the above company and I am  
authorized to make claim on behalf of the company.

Signature of requestor \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

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Department Use Only:

Approved by \_\_\_\_\_ Date \_\_\_\_\_