

AFFIDAVIT AND AGREEMENT OF INDEMNIFICATION

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF KING )

The undersigned, being first duly sworn, says: I am the proper payee of the City of Mercer Island warrant issued in payment of goods or services, and that said warrant has been lost or destroyed and to the best of my knowledge has not been paid. I understand that the City will issue a warrant in place of the original and I hereby agree to hold the City of Mercer Island harmless from the payment of the original warrant and all costs and charges on account should the original warrant be presented and paid in due course.

Warrant: # \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

Signed and sworn to before me this on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name

My appointment expires: \_\_\_\_\_