

STOP PAYMENT REQUEST



DEPARTMENT OF FINANCE
ACCOUNTS PAYABLE
444 SW 2ND AVENUE
MIAMI, FL 33130

To Whom It May Concern:

Please issue a stop payment for the following:

Check number: _____

Date: _____

Payee: _____

Amount: _____

Reason for this request (select one):

Non-receipt Lost or misplaced Damaged Duplicate

Signature: _____

Date: _____

Print Name & Title: _____

Address:

Phone number: _____

Email address: _____

- **Please email this completed form to Ms. Gurinder Pannu at gpannu@miamigov.com or Ms. Melania Basile at mbasile@miamigov.com or**
- **Mail it to the address above or**
- **Fax to 305-416-1987**

NOTE: Any check re-issuance must be 48 hours after Stop Payment.