

196000000000000000000000

WYO-196 (01/05)

LO#: _____

Missing or Lost Check

Name: _____

SSN: _____ BYE: _____

Fill out the appropriate section and sign below.

F CHECK NOT RECEIVED

I have not received check # _____ dated _____ for week(s) ending _____ . Please stop payment and reissue this check. If I should happen to receive the original check, I **will not** cash it. I will call Lori at the state office (307) 235-3694 or my local office immediately to find out if the new check has been issued.

My address is:

F CHECK LOST OR DAMAGED:

I did receive my check # _____ , dated _____ for week(s) ending _____ . I need a new check issued because the check was _____ . Please stop payment and reissue this check. If the check should resurface, I **will not** cash it. I will call Lori at the state office (307) 235-3694 or my local office immediately to find out if the new check has been issued.

F CHECK DESTROYED

Attached is a check I received for week(s) ending _____ . This check was destroyed when _____ . Please reissue this check.

F FORGERY

I did not cash check # _____ , dated _____ . I have been informed that this check cleared the bank on _____ . Please send a copy of this check along with an affidavit of forged endorsements to me.

Signature: _____ Date: _____

Claimstaker: _____ Date: _____

Office Use Only: