



STATE OF DELAWARE
DEPARTMENT OF AGRICULTURE
HARNESS RACING COMMISSION

2320 SOUTH DUPONT HWY
DOVER, DE 19901

agriculture.delaware.gov

TELEPHONE (302) 698-4599
FAX (302) 697-6287

Missing Record Affidavit

Horse(s) Name(s): _____

Missing Record(s) Description:

(Please include type of record, name of the horse the record applies to, date of record, amount if record pertains to bills or checks received – additional sheets may be attached if necessary)

Detailed Reason for the Missing Record(s):

(Please include the name and contact information of persons who may be able to verify- additional sheets may be attached if necessary)

This document will be used in lieu of an invoice, canceled check, bank record or receipt. I certify that all items listed above (and on the attached, if applicable) contain truthful, accurate information and that all reasonable measures for obtaining an invoice, canceled check, bank record or receipt have been exhausted.

Print Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____