



**UNCLAIMED MONEY CLAIM FORM**

Pursuant to California Government Code Section 50052, I hereby declare that I am the legal owner or custodian of check number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. The grounds on which I file this claim are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach a copy of all supporting documents)

Vendor or Individual Name (Printed)

Taxpayer ID # or SS#

Signature

Telephone

Address

City, State, Zip

Notary Signature (if applicable)

**FOR FINANCE DEPARTMENT ONLY**

Proof of Identity Verified: Y/N Check One: \_\_\_ DL \_\_\_ SS Card \_\_\_ Birth Certificate \_\_\_ Other

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Claim: \_\_\_ Approved \_\_\_ Rejected Reason for Rejection (If Applicable):

Approved by: \_\_\_\_\_  
Chief Financial Officer or Designee

Date: \_\_\_\_\_