



UNCLAIMED PROPERTY CLAIM FORM

Return completed form with valid proof of identity to: City of Mountain View, Finance and Administrative Services Department, Accounting Division, 500 Castro Street, Mountain View, CA 94041.

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check, No. _____ in the amount of \$_____ that was published in *The Daily Post* on _____. The grounds on which I file this claim are:

I hereby certify that I am the payee of the above-referenced unclaimed check and that the check has not been cashed. A replacement check is, therefore, requested. I further approve the City of Mountain View to stop payment on the unclaimed check and release the City from further claim against said amount.

NOTE: If you are filing this claim as an heir, beneficiary, or duly appointed representative, please contact the Accounting Division for required documentation.

Vendor Name/Title or Individual Name (Printed) Taxpayer I.D. or Social Security No.

Vendor or Individual Name (Signature) Date

Email Address Telephone Number

Address (Street, City, State, Zip)
Must provide proof of new address (such as driver's license, current utility bill, business license, bank statement, etc., with new address) if this is not the same address as the original check.

Attach proof of identity:

Individuals: Copy of driver's license, state-issued ID card, Social Security card, or birth certificate.
Vendors: "Letter of Authorization" on letterhead from an official with the entity authorizing the above-signed to claim the property on its behalf.

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FOR FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT USE ONLY

Proof of Identity Verified: DL/ID SS Card Birth Certificate Other: _____

Verified by: _____ Date: _____

Claim: Approved Rejected Reason for Rejection: _____

Reviewed by: _____ Date: _____

Vendor No.: _____ Account: _____ - 22070