



REQUEST FOR UNCLAIMED MONIES

\$ _____ Amount of Unclaimed monies

CLAIMANT STATEMENT

CHECK NEVER RECEIVED-

- The Claimant did not receive and has not caused said check to be presented or otherwise received the proceeds of said check.

CHECK RECEIVED AND LOST OR DESTROYED-

- The Claimant requests that a new check be issued in the amount shown above as unclaimed monies, RLECWD in consideration for which the Claimant hereby agrees to indemnify RLECWD, its officers, agents, and employees from any and all expense, loss, or liability whatsoever which may arise out of or be in any way connected with the issuance of said check. It is further agreed that in consideration of the issuance of said replacement check, if said check is found, Claimant will forward it to the Finance Department immediately or be held responsible for payment if the original check is presented for payment.

CLAIMANT INFORMATION OF PROPERTY CLAIMED

EACH CLAIMANT (payee) MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED

Form with fields: Payee Full Name/Business Name, Daytime Phone, Street Address, City, State, Zip, Signature Required, Date

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YOUR SIGNATURE (S) MUST BE NOTARIZED IF THE CLAIM IS OVER \$500.00

Notary Public section with fields: Subscribed and sworn before me this _____ day of _____ of _____, Notary Public in and for, The County of _____, State of _____

PROVIDE THE FOLLOWING DOCUMENTS

Individual

- A copy of current photo identification for each claimant
- Verification of address, if mailing address is different from original mailing address or photo identification (exp. lease or rental agreement, utility bill)
- Death Certificate (if making a claim for deceased original owner)

Businesses

- Copy of current photo identification for the authorized agent signing the form
- Letter of Authorization on Company letterhead with the names of officers or officials with authority to sign and claim on behalf of the business.
- If your company merged with another company, a copy of the merger agreement.
- If your company was dissolved, a copy of the articles of dissolution.

CLAIMANT AFFIRMATION

I, _____, certify under the penalty of perjury that I am the lawful payee of the aforementioned check or an authorized representative of the payee, and, that the foregoing declaration is true and correct.

Signature _____ Date Executed _____ At _____

City, State _____

Mail to:

_____ Address _____ City, _____ State _____

Send Completed Affirmation To:

RLECWD
PO Box 400
Rio Linda, CA 95673

OFFICE STAFF

Completed by _____ Date _____

Approved Denied

Notes: _____