

Unclaimed Money – Claim Form



**CITY OF DAVIS
UNCLAIMED MONEY – CLAIM FORM**

Return completed form to:
City of Davis
Finance Department
23 Russell Blvd.
Davis, CA 95616

Persuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check in the amount of \$ _____ that was published in the Davis Enterprise on _____. The grounds on which I file this claim are: _____

Vendor or Individual Name (Printed)

Taxpayer I.D. or Drivers License.

Vendor or Individual Name(Signature)

Telephone Number

Address

City/State/Zip Code

Daytime telephone number:

For Finance Department Only

Proof of Identity Verified: Check One:

___ Drivers License

___ Social Security Card

___ Birth Certificate

Verified by: _____

Date: _____

Claim: ___ Approved

___ Rejected

Reason for Rejection: _____

Reviewed By: _____

Date: _____