

Claim for Unclaimed Property

City of Sacramento
Attn: Unclaimed Property
915 I Street, 4th Floor
Sacramento, CA 95814

Form may be typed or filled out with black or blue ink.

ACCOUNTING ONLY

CLAIM NO.

DATE RECEIVED

CLAIMANT INFORMATION

Name

Telephone Number

Address

Email Address

City/State/Zip Code

Business Name, if applicable

Last Four Digits of Your Social Security Number

Business Taxpayer ID#

CLAIM INFORMATION: *Attach all documentation to support your claim.*

For claims that have not been notarized, include proof of identity (clear copy of passport, DMV license, or DMV ID card). If you are claiming multiple items from the unclaimed property list, please provide this information for each item claimed.

Name (as listed on the unclaimed property listing): _____

Amount (from the unclaimed property listing): _____ Fund (from the unclaimed property listing): _____

PREVIOUS ADDRESSES: *Please list your previous addresses as support for your claim. Use additional paper, if needed.*

CERTIFICATION OF CLAIMANT

If the total amount claimed is \$100 or more,
the SIGNATURE MUST BE NOTARIZED

I certify *under penalty of perjury* that the information contained in this claim is true and correct and of my own personal knowledge.

I further certify that I am the owner of or the person legally entitled to the money and property set forth in this claim or I am an authorized representative of this business.

SIGNED: _____

TITLE, if applicable: _____

NOTARY ACKNOWLEDGMENT

State of California
County of _____

On _____, before me, _____, a Notary Public, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this document and acknowledged to me that he/she executed the same in his/her authorized capacity, that by his/her signature on this document the person, or the entity upon behalf of which the person acted, executed this document.

Witness my hand and official seal.

(Seal)

DO NOT WRITE IN THE SECTIONS BELOW THIS LINE

DISPOSITION

_____ Accepted

_____ Rejected

_____ Escheator

Date: _____

THIS CLAIM IS APPROVED FOR PAYMENT

_____ OR _____ Date: _____

Accounting Manager

Finance Director