CITY OF LA HABRA
Finance Department
P.O. Box 785, La Habra, CA 90633-0785
Office: (562) 383-4050 Fax: (562) 383-4478

CLAIM FORM – UNCLAIMED FUNDS

Original Payee Name: _____

Claimant Name: _____ (if different)

Current Address: _____

City, State/ Zip Code: _____

Pursuant to California Government Code Section 50052, I wish to file a claim for previously unclaimed funds in the amount of $_____.

Indicate the reason for the claim below:

( ) The above referenced check was not received.

( ) The above referenced check was received and lost.

( ) The above referenced check was received and destroyed.

( ) Others, please specify _____

I hereby certify under penalty and perjury that the information contained on this claim is true and correct and is being submitted to the City of La Habra to substantiate my claim to money held by the City. I further certify that I have the authority and right to claim and receive payment of money and hereby release the City of La Habra from all liability and further obligation with respect to this claim. In the event the Original check shall be found at a later date, the undersigned agrees to return it to the City of La Habra, If the check does by any circumstance get deposited or cash, the undersigned agrees to refund the amount of the check to the City of La Habra immediately on request or pay all cost incurred by the City in recovering the amount.

For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or attorney is required.

Name (Print) **Authorized Signature** **Date**

Driver License #: _____ **SS# or TIN:** _____
Note: Attach a copy of driver's license, government issued or other form of appropriate I.D.

Phone Number: _____ **Email Address** _____

Mail completed forms with supportive required documentation to:

City of La Habra
Attn: Finance Department-Unclaimed Funds
P. O. Box 785, La Habra, CA 90633-0785

Fax: (562) 383-4478 Email: unclaimedfunds@lahabraca.gov

CITY USE ONLY

Claim received on: _____	Confirmed item on outstanding check list _____	
Approved: _____ Denied: _____	Finance Department Signature: _____	
Original Check # _____	Check Date: _____	Check Amount: $_____
Replacement Check # _____	Check Date: _____	Check Amount: $_____