



CITY OF DALY CITY

UNCLAIMED MONEY CLAIM FORM

Return Completed form to:
City of Daly City, Finance and Administrative Services Department
333-90th Street, Daly City, CA 94015

Please note that (1) this claim form and supporting materials must be physically received by the City of Daly City, Finance and Administrative Services Department BEFORE 5:00pm on Tuesday, October 16th, 2018. Postmarks not accepted. (2) A separate claim form is required for each item.

Pursuant to California Government Code Section 50052, I _____
wish to file a claim for a previously unclaimed check in the amount of \$_____,
which was published on _____(MM/DD/YY).

Original Check Date:_____ Original Check Number _____

Original Payee Name:_____ Original Check Amount:_____

Claimant Name _____ Phone: (____) _____
(PRINTED)

Current Address:_____

Drivers License Number (Attach Copy):_____

Social Security or Taxpayer Identification Number:_____

The grounds on which I am filing this claim is:
(Please attach copies of all support documentation to this claim. Do not attach originals
as the City will retain all documents)

I hereby certify under penalty and perjury that the information contained and attached to
this claim is true and correct and is being submitted to the City of Daly City 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 Daly City, its directors, employees, representatives, attorneys and agents from all
liability and further obligation with respect to this claim.

Signature of Claimant:_____ Date:_____