



City of Porterville

UNCLAIMED FUNDS CLAIM FORM

Individual or Vendor's Name (Printed)	Social Security No. or Taxpayer Identification No.
Address	City /State/Zip Code
()	
Telephone Number	

Pursuant to California Government Code Section 50052, I _____ am filing a claim for previously unclaimed funds in the amount of \$_____. The grounds on which I file this claim are:

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 Porterville to substantiate my claim to the funds held by the City. I further certify that I have the authority and right to claim and receive payment of the funds and hereby release the City of Porterville, its directors, employees, representatives, attorneys, and agents from all liability and further obligation with respect to this claim.

Printed Name of Individual	Signature of Individual
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Mail Completed Forms to:
 City of Porterville
 Finance Department
 291 North Main Street
 Porterville, CA 93257

CITY USE ONLY

Proof of Identity Verified _____

Payee Name: _____ Verified by: _____

Check No: _____ Check Date: _____ Check Amount: _____

Accepted _____ Denied _____ Replacement Check No: _____

Finance Directors Signature: _____