

**CITY OF ATASCADERO
UNCLAIMED MONEY REQUEST FORM**

Name of Claimant _____

Address of Claimant _____

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

The undersigned declares that under penalty of perjury under the laws of the State of California that I am the person, persons, or entity, or the successor in interest, heir, trustee, executors, administrators, or personal representative of the person or persons, or entity that is entitled to the full amount of the unclaimed monies pursuant to California Government Code 50052.

Printed Name of Claimant

Signature of Claimant

Date Signed

Phone Number

FOR OFFICIAL USE ONLY:

Claim Rejected _____ Claim Accepted _____ Date _____

Date of Original Check _____ Check Number _____

Reason for Rejection: _____