



Mail to:
City of Eastvale
Attn: Finance Department
12363 Limonite Avenue, Suite
#910 Eastvale, CA 92530

UNCLAIMED MONEY CLAIM FORM

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

Agent or Individual Name

Taxpayer ID No. or Social Security No.

Address

City, State, Zip Code

Home Telephone

Work Telephone

I hereby certify that the above information is true and correct and is being submitted to the City of Eastvale to substantiate my claim to monies paid to the City. I further certify that I have the authority and right to claim and receive payment of these monies and hereby release the City of Eastvale, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to this claim.

Printed name of Claimant

Signature of Claimant

Date Signed

OFFICE USE ONLY

Approved ()

Denied ()

Finance Director

Date

City Manager

Date

Account Number