



**CITY OF CHICO
REQUEST FOR UNCLAIMED MONIES**

Mail Form To:
City of Chico
Finance Department
P.O. Box 3420
Chico, CA 95927

**UNCLAIMED CHECKS
CLAIM FORM**

Ownership of the reported property must be verified by the claimant. As a claimant, please review the instructions before completing this form and provide documentation to establish ownership.

Business Name (if applicable)	Tax ID/SS#
Claimant Name (Last) (First) (Middle) (Maiden)	Title
Current Mailing Address	Daytime Phone
City State	ZIP
Email Address	FAX

Description of Property Claimed	Check Number	Check Date	Amount
Total Claimed			\$

The undersigned claimant affirms, under penalty of perjury, and pursuant to the laws of the State of California, all of the following: (1) Claimant has read the claim and knows the contents thereof, (2) Claimant is the sole owner of the said claim and the sole person or entity entitled to receive the money and property set forth in said claim, and (3) The claim is valid and just, and (4) All statements made in the claim are true and correct, and (5) Claimant shall indemnify and hold harmless the City of Chico from any loss resulting from the payment of said claim.

Claimant's Signature	Date
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