



## REQUEST FOR UNCLAIMED MONEY

Pursuant to California Government Code 50052, the following is submitted:

\_\_\_\_\_  
Claimant's Full Name

\_\_\_\_\_  
Current Address (Street, City, State, Zip Code)

\_(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Check Date

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Amount

**Grounds for submission:**

CHECK NEVER RECEIVED – Claimant did not receive and has not caused said check to be presented for payment or otherwise received the proceeds of said check.

CHECK RECEIVED AND LOST OR DESTROYED – Claimant received the check and has not caused said check to be presented for payment or otherwise received the proceeds of said check as the check has been lost or destroyed.

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 West Sacramento 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 said money and hereby release the City of West Sacramento, 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

**Mail to:** City of West Sacramento, Finance Division, 1110 West Capitol Ave 3<sup>rd</sup> Fl, West Sacramento, CA 95691

**Email to:** [accountspayable@cityofwestsacramento.org](mailto:accountspayable@cityofwestsacramento.org)

**For general claim questions or documentation submission, please contact:**

Accounts Payable at (916) 617-4631 or [accountspayable@cityofwestsacramento.org](mailto:accountspayable@cityofwestsacramento.org)

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**CITY USE ONLY:**

APPROVED

DENIED

\_\_\_\_\_  
Finance Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payee Name

\_\_\_\_\_  
Payee Number

\_\_\_\_\_  
Amount