

CITY OF ALHAMBRA
Unclaimed Money Claim Form

Pursuant to California Government Code Section 50052, I wish to file a claim for previously unclaimed funds in the amount of \$_____.

Name Taxpayer ID # or Social Security #

Address City, State, Zip Code

Signature Telephone

THE GROUNDS ON WHICH I FILE THIS CLAIM ARE:

If the claim is rejected by the Treasurer, the party who submitted the claim may file a verified complaint seeking to recover all, or a designated part, of the money in a court of competent jurisdiction within the County in which the notice is published, and serves a copy of the complaint and the summons issued thereon upon the Treasurer. The copy of the complaint and summons shall be served within 30 days of receiving notice that the claim was rejected.

FINANCE USE ONLY

Claim received on _____ Approved Denied

Original Warrant # _____ Date _____ Amount _____

Replacement Warrant # _____ Date _____ Amount _____

CITY TREASURER