

Claim Form for Unclaimed Property – Instructions

1. To make a claim for unclaimed money, the claimant must complete and submit a Claim for Unclaimed Property form. Please include all required documentation. NOTE: A separate claim form is not required for each item of property owned by the same owner. Just add additional pages as needed to provide the pertinent information for each item of property claimed.
2. The form may be typed or filled out by hand in black or blue ink.
3. If the claimant is claiming the money on behalf of a business entity, the claimant must provide proof that he or she has legal authority to make such request. Proof of authority can be, for example, but is not limited to, a signed letter from the owner or CEO of the company on company letterhead.
4. If the money is being requested to be paid to someone other than the original owner or payee (e.g., to a person instead of to the business entity), the City requires a written, signed statement made under penalty of perjury and other pertinent legal documents which shall justify the change in payee.
5. All pertinent information called for on the form must be filled in or otherwise provided. The claim form must be signed by the claimant, and the signature must be notarized if the claim is for \$100 or more.
6. For claims submitted by an agent on behalf of the claimant under power of attorney, the power of attorney form must have the notarized signature of the claimant, and the claim form must also have a notarized signature of the claimant.
7. Completed claim forms and supporting documentation must be mailed to

City of San Dimas
Department of Administrative Services
Attn: Unclaimed Property
245 E. Bonita Ave.
San Dimas, CA 91773

All original forms must be received by the City by 5:00 p.m. of the filing deadline. PDF copies received by email will be accepted only for purposes of meeting a filing deadline; however, the claim form with an original signature must be received by the City within five business days of the filing deadline in order to process the claim. *If the original claim is not received within five business days, the PDF claim will be rejected.*

Once a proper claim has been received by the City, the propriety of the claim will be evaluated and the claimant will be notified if any further information is needed.

8. If you have any questions, please email finance@ci.san-dimas.ca.us or mail questions to the above address.

CLAIM FOR UNCLAIMED PROPERTY



City of San Dimas
Attn: Unclaimed Property
245 E. Bonita Ave
San Dimas, CA 91773

Form may be typed or filled out with black or blue ink.

ACCOUNTING ONLY

CLAIM NO.

DATE RECEIVED

NAME AND ADDRESS OF CLAIMANT

Name

Business Name, if applicable

Address

Business Taxpayer ID #

City/State/Zip Code

GROUND UPON WHICH CLAIM IS BASED: Attach all documentation to support your claim.

For claims that have not been notarized, include proof of identity (clear copy of passport, DMV license, or DMV ID card).

Table with 4 columns: Name (on unclaimed property list), Previous address(es), Amount, Check # (if applicable)

CERTIFICATION OF CLAIMANT

If the total amount claimed is greater than \$100 the SIGNATURE MUST BE NOTARIZED

I certify under penalty of perjury that the information contained in this claim is true and correct, and of my own personal knowledge.

I further certify that I am the owner of or the person legally entitled to the money and property set forth in this claim or am an authorized representative of the business.

SIGNED:

TITLE, if applicable:

NOTARY ACKNOWLEDGMENT

State of California } ss.
County of }

On _____, before me, _____, a Notary Public, personally appeared _____, personally known

to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this document and acknowledged to me that he/she executed the same in his/her authorized capacity, that by his/her signature on this document the person, or the entity upon behalf of which the person acted, executed this document.

Witness my hand and official seal.

(Seal)

DO NOT WRITE IN THE SPACE BELOW THIS LINE

City Use Only

VENDOR NO.

Table with 5 columns: Amount, Prior Check #, Prior Issue Date, Reissued Check #, Reissue Date

DISPOSITION

Accepted

Escheator

Rejected

Date

THIS CLAIM IS APPROVED FOR PAYMENT.

OR

Date

Accounting Manager

Finance Director