



CITY OF SAN DIEGO REQUEST FOR UNCLAIMED MONIES

CHECK NUMBER	AMOUNT

Each of the undersigned claimants certifies under penalty of perjury: That claimant is the owner of said unclaimed monies and the person entitled to receive the money set forth in the claim.

Each warrant-check was not endorsed and has not been paid, but was lost, destroyed, or mutilated before that same was paid by the city of San Diego, and cannot now be produced by the said payee.

Each claimant acknowledges and understands the City of San Diego will cancel that certain City warrant-check number(s) listed above, causing it to be non-negotiable when a replacement warrant-check is delivered to him/her.

Each claimant agrees to indemnify and hold harmless the City of San Diego, its officers, and employees from any loss resulting from the payment of said claim.

EACH CLAIMANT MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED.

FULL NAME OR BUSINESS NAME		SOCIAL SECURITY NO. OR TAX I.D.		
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE

YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM AMOUNT IS OVER \$1,000

Subscribed and sworn before me this _____ day of _____ year of _____

Notary Public in and for
The County of _____, State of _____

Send completed affirmation to: City of San Diego, Office of the City Comptroller
Unclaimed Monies Claim Processing
202 C Street – Mail Station 7A, San Diego, CA 92101