



REQUEST FOR UNCLAIMED MONIES FORM

Check Number	Check Date	Check Amount

Pursuant to California Government Code Section 50050, et.seq., the undersigned claimant certifies under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

- To be the owner of said unclaimed monies and the person entitled to receive the money set forth in the claim.
- The check was not endorsed and has not been paid, but was lost, destroyed, or mutilated before being paid by the City of Carlsbad, and cannot now be produced by payee.
- Claimant acknowledges and understands the City of Carlsbad will cancel the check number listed above, causing it to be non-negotiable when a replacement check is delivered to claimant.
- Claimant agrees to indemnify, defend (with independent counsel approved by the city) and hold harmless the City of Carlsbad, its officers, employees and elected and appointed officials from any loss or claim resulting from the payment of this request for unclaimed monies.
- If applicable, that claimant is representative or heir of deceased payee.

Full Name or Business Name: _____

SSN or Tax ID No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____ Signature: _____

During review of the claim documents, additional information/documents may be requested. If approved, a stop payment will be placed on the original check and a new check will be reissued. Notification of claim approval/denial will be sent to the email provided above.

Submit this completed form and all required documentation via email or mail. If you have questions, please call 442-339-5246.

treasury@carlsbadca.gov OR **City of Carlsbad Treasury Office**
1635 Faraday Avenue
Carlsbad, CA 92008

Privacy Notification. The Information Practices Act of 1977 and the Federal Privacy Act require the city to inform you that your Social Security number and other documents are required for identification and processing of your claim.

AFFIDAVIT NOTARIZATION

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

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of _____,

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/ she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature _____ (Seal)