



**Please return completed form to:**  
 City of Vallejo · City Clerk's Office · 555 Santa Clara Street · Vallejo, CA 94590  
 Phone: (707) 648-4527 Fax: (707) 649-5407 [www.cityofvallejo.net](http://www.cityofvallejo.net)  
 Office Hours: Monday - Friday 8:30 a.m. to 5:15 p.m.

# CLAIM FOR UNCLAIMED MONIES

**CLAIMANT INFORMATION**

Today's Date

Claimant Name

Home Address:

City:  State:  Zip:  Date of Birth:

Driver's License No.:  Social Security No:  Phone #:

**BASIS OF CLAIM**

In the box below, state all facts and circumstances that support your claim for a refund. Attach all documentation to support your claim.

State the amount of the claim you are seeking:

**CERTIFICATION OF CLAIMANT**

If the total amount claimed is greater than \$50 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 this claim, and am the person entitled to the money and property set forth in this claim.

\_\_\_\_\_  
Signature of Claimant

**NOTARY ACKNOWLEDGMENT**

State of California } ss.  
 County of \_\_\_\_\_ }

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, 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), 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 of Notary

(Seal)

**Internal Use Only**

Account Number to Charge Claim To	Amount to Pay	Claim Previously Paid, Check Number	Prior Check Date

\*\*\*OFFICIAL USE ONLY\*\*\*

**CLAIM**

Accepted \_\_\_\_\_ Rejected \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS CLAIM IS APPROVED FOR PAYMENT.**

Processed \_\_\_\_\_

BY: \_\_\_\_\_

Date \_\_\_\_\_