

# CITY OF TRACY UNCLAIMED MONEY – CLAIM FORM

Claimant's Name \_\_\_\_\_ Taxpayer Identification No. or Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

( )  
Telephone Number \_\_\_\_\_

Pursuant to California Government Code Section 50052, I \_\_\_\_\_ am filing a claim for previously unclaimed money in the amount of \$ \_\_\_\_\_, which was published in a newspaper of general circulation on \_\_\_\_\_ (MM/DD/YY).

The grounds on which I am filing this claim are:

Please attach copies of all supporting documentation related to this claim. Do not attach originals, as the City will retain all documentation submitted with this claim.

I hereby certify, under penalty and perjury, that the information contained and attached to this claim is true and correct and is being submitted to the City of Tracy to substantiate my claim to money held by the City. I further certify that I have the authority and right to claim and receive payment of money and hereby release the City of Tracy, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to the claim.

Printed Name of Claimant \_\_\_\_\_ Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

Submit completed form to:  
City of Tracy  
Finance Department  
333 Civic Center Plaza  
Tracy, CA 95376

<b>CITY USE ONLY:</b>	
Payee Name _____	Fund Number _____
Check Number _____	Check Date _____
Accepted _____	Check Amount _____
Denied _____	
Finance Director (or designee) Signature _____	Date _____