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.ci.vallejo.ca.us
Office Hours: Monday - Friday 8:30 a.m. to 5:15 p.m.

Clear Form

Print Form

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 _____

Form 15 (Rev. 7/2013) WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (CALIFORNIA PENAL CODE SECTION 72)