

UNCLAIMED MONEY — CLAIM FORM

Mail this form to:

**Attn: UM Claim
Office of The City Treasurer
Dept. of Financial Management
411 West Ocean Blvd., 6th
Floor Long Beach, CA 90802**

- ✓ This application **MUST** be filed on or before the date in the most recent Public Notice.
- ✓ Please fill out form legibly & completely to avoid delays.
- ✓ Attach copy of identification.

Last Name	First Name	M.I.

Code # (located next to the name)

Number and Street Name	Apt/Bldg/Sp #

City	State	Zip Code

()
Phone Number

Claimant name if different than above	CA Driver's License number

Pursuant to California Government Code, Section 50051, the undersigned claimant certifies, under penalty of perjury, the claimant has read the claim, knows the contents and the claimant is the owner of the claim and is the person entitled to receive the amount of \$ _____, set forth in this claim. The claimant believes he or she is the owner based on the grounds of: _____.

Claimant previous addresses:

1.	2.
3.	4.

The claimant agrees to indemnify and hold harmless the City of Long Beach and its agents, officers, and employees from any loss resulting from the payment of said claims. Claimant understands that current information and a signature must be provided for each claim or the claim will not be processed. Claimant further understands that his/her Social Security number, Tax Identification Number or other documents are requested for identification and processing purposes of the claim. For claims filed for a business, the business tax payer identification number and authorized owner's signature are required. For claims filed for an estate or trust, an authorized signature is required and appropriate documentation must be attached to authorize the individual(s) to act on the claimant's behalf. **Claims for greater than \$999 will require your signature to be notarized.**

_____ Printed Name

_____ Date

_____ Signature

_____ SSN (last 4-digit) or TIN

For Notary Use, if applicable.

For City Use Only

Proof of Identity Verification: (check all applicable)			
<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	SSN or TIN
<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Other: _____
Verified by:		Date:	
Approved by:		Approved _____	Denied _____
		Reason for Denial:	