

CITY OF
LONG BEACH

CLAIM FORM INSTRUCTION GUIDE

The City has a duty to release funds only to the rightful owner of unclaimed money. In order to help the City process your claim, we ask that you complete the Claim Form and that it be received by the City before the **deadline published per City's most recent Public Notice Of Unclaimed Money**. This instructional guide will assist you in that process.

BOX	INSTRUCTIONS
A	Type or print your last name.
B	Type or print your first name.
C	Type or print you middle initial.
D	Type or print Code # (2-letter code next to name)
E	Type or print your current address.
F	Type or print your city of residence.
G	Type or print your state of residence.
H	Type or print your zip code.
I	Type or print your current home phone or mobile phone number.
J	Type or print the name of the person you are making a claim on behalf of. If the name is the same as the name above, then leave blank.
K	Type or print your California Driver's License number.
L	Type or print the amount of the claim you are requesting. Use one claim form for each amount of claim.
M	Type or print the reason you believe the refund is yours. Example: Gas Deposit, Water deposit or Utility deposit in general. Overpayment of a parking ticket or other city services.
N	Type or print your last address other than the current address above. If more than one, enter each one up to four (4) prior addresses.
O	Type or print your name.
P	Type or print the current date.
Q	Sign the claim form. Only original signed claim form with proper proof of claims will be reviewed and processed.
R	Type or print your Social Security number (last-4 digit) or Tax Identification number.

PLEASE NOTE: FOR CLAIMS GREATER THAN \$999, YOUR SIGNATURE MUST BE NOTARIZED BY AN APPROVED CALIFORNIA PUBLIC NOTARY.

CURRENT IDENTIFICATION AND PROPER PROOF OF CLAIMS MUST BE PROVIDED ALONG WITH SUPPORTING DOCUMENTATION THAT VALIDATES YOUR CLAIM.

MAIL YOUR CLAIM FORM TO:

**ATTN: UM CLAIM
OFFICE OF THE CITY TREASURER
DEPT OF FINANCIAL MANAGEMENT
411 WEST OCEAN BLVD., 6TH FLOOR
LONG BEACH, CA 90802**

CITY OF LONGBEACH

CLAIM FORM INSTRUCTION GUIDE — SAMPLE FORM

Ⓐ	Ⓑ	Ⓒ
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		
⓰	Ⓚ	
Claimant name if different than above	CA Driver's License number	

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.

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

Ⓠ _____
 Signature

Ⓟ _____
 Date

Ⓡ _____
 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: _____	