



**CITY OF LOS ALTOS
UNCLAIMED PROPERTY-CLAIM FORM**

Return completed form to:

*City of Los Altos
Finance Department
Accounts Payable
1 N San Antonio Road
Los Altos, CA 94022*

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check in the amount of \$ _____ that was published in the Town Crier on _____ (if applicable).

The grounds on which I file this claim are as follows:

Vendor or Individual Name (printed)

Taxpayer I.D. or Social Security Number

Vendor or Individual Name (signature)

Telephone Number

Address

City/State/Zip Code

NOTE: ALL CLAIMS MUST BE RECEIVED BY THE CITY BEFORE THE DATE SPECIFIED IN THE NOTICE OR WITHIN 12 MONTHS IF THE AMOUNT IS LESS THAN 15 DOLLARS OR THE DEPOSITORS NAME IS UNKNOWN. POSTMARKS WILL BE ACCEPTED.

FOR FINANCE DEPARTMENT USE ONLY

Date Claim Received: _____

Name of Payee: _____

Original Check #: _____

Original Check Amount: _____

Original Check Date: _____

Replacement Check #: _____

Replacement Check Amount: _____

Replacement Check Date: _____

Account Code: _____

Verified by: _____

Date Approved: _____