



**CITY OF SAN MATEO
UNCLAIMED MONEY – CLAIM FORM**

Return completed form to: City of San Mateo, Finance Department
330 West 20th Ave., San Mateo, CA 94403

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed funds in the amount of \$ _____ that was published on _____ ((name of media) on _____ (date)).

Payee or Depositor Name: _____

- I am the Owner listed on City of San Mateo's public notice.
- I am an Heir of the Deceased Owner listed on City of San Mateo's public notice.
- I am an Agent/Officer for the Business listed on City of San Mateo's public notice
- I am the Agent/Officer for the Government Agency listed on City of San Mateo's public notice.

The grounds on which I file this claim are:

I hereby certify that the above information is true and correct and is being submitted to City of San Mateo (City) to substantiate my claim to monies paid to the City. I further certify that I have the authority and right to claim and receive payment of these monies and hereby release the City, its directors, managers, employees, representatives, attorneys, and agents from all liability and further obligation with respect to this claim.

Please attach a copy of your government-issued identification document and, if applicable, verification of your authority to make the claim.

Print Name of Claimant

Signature of Claimant

Date Signed

Address: _____ Telephone No. _____

*Please note: An IRS **form w-9** may be required prior to processing payments greater than \$600.*

For Finance Department Use Only

Claim: Approved Rejected Reason for Rejection: _____

Approved by: _____ Date: _____