CITY OF CHULA VISTA

REQUEST FOR UNCLAIMED MONIES FORM

PURSUANT TO GOVERNMENT CODE SECTION 50050, ET. SEQ.

CHECK NUMBER	CHECK DATE	CHECK AMOUNT

FULL NAME OR BUSINESS NAME		LAST 4 DIGITS OF SSN OR TAX I.D.	
STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	EMAIL ADDRESS		

The undersigned claimant certifies under penalty of perjury:

- That claimant is the owner of said unclaimed monies and the person entitled to receive the money set forth in the claim.
- Each check was not endorsed and has not been paid, but was lost, destroyed, or mutilated before being paid by the City of Chula Vista, and cannot now be produced by payee.
- Each claimant acknowledges and understands the City of Chula Vista will cancel the City check number listed above, causing it to be non-negotiable when a replacement check is delivered to claimant.
- Each claimant agrees to indemnify and hold harmless the City of Chula Vista, its officers, and employees from any loss resulting from the payment of said claim.

SIGNATURE	DATE

Please attach the following documentation:

- **Individual** – Copy of an official identification, such as a driver's license
- **Business/Agency** - W-9 and letter of authorization on business/agency letterhead with names of officers authorized to sign and claim on behalf of the business/agency. If you cannot provide the requested documentation, attach a letter explaining why you are entitled to the unclaimed check and identify any special circumstances that may apply.
- **Heir of deceased payee** - Copy of death certificate and proof of ownership, such as a copy of the trust confirming beneficiary status.

Submit this completed form and all required documentation via email to unclaimedmonies@chulavistaca.gov, mail to: **City of Chula Vista, Finance Department** Attn: Unclaimed Monies 276 Fourth Ave Chula Vista, CA 91910, or in person at the Finance Department, 276 Fourth Ave, Building A, Chula Vista, CA 91910.

During review of the claim documents, additional information/documents may be requested. If approved, a stop payment will be placed on the original check and a new check will be issued. Notification of claim approval/denial will be sent to the email provided above.

YOUR SIGNATURE MUST BE NOTARIZED IF THE CLAIM AMOUNT IS $1,000 OR MORE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of _____,
On _____ before me, _____ (insert name and title of the officer) 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), and 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 _____ (Seal)