



Mail To:
City of Murrieta
24601 Jefferson Avenue
Murrieta, CA 92562

Unclaimed Money Claim Form

Pursuant to California Government Code 50052, I wish to file a claim for previously unclaimed funds in the amount of \$_____ and was published in the *Californian* on _____. The grounds on which I am filing this claim are:

Agent Or Individual Name

Taxpayer ID No. Or Social Security No.

Address

City, State, Zip Code

Home Telephone

Work Telephone

I hereby certify that the above information is true and correct and is being submitted to the City of Murrieta 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 of Murrieta, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to this claim.

Printed Name of Claimant

Signature of Claimant

Date Signed



City Use Only

Approved { }

Denied { }

Finance Director

Date

City Manager

Date

Department Approval

Date

Account Number