



CITY OF LA CAÑADA FLINTRIDGE
 FINANCE DEPARTMENT
 ONE CIVIC CENTER DRIVE
 LA CAÑADA FLINTRIDGE, CA 91011
 818-790-8880 ■ rhosken@lcf.ca.gov

CLAIM FORM – UNCLAIMED FUNDS OVER THREE YEARS OLD

Date: _____

Name of Person/Company Who Paid City: _____

Your Name (if different): _____ Phone: _____

Current Address: _____

Amount of Claim: \$ _____

With this form you must attach 1) proof of your identity such as copy of a Driver's License, Passport, or Birth Certificate, and 2) proof of your association with the original person or company who made payment to the City (if not yourself). Payment is contingent upon City staff receiving adequate proof to support this claim and additional documentation may be requested.

Check here _____ if you would like us to call you to pick up a check (if claim is approved). If not checked, payment will be mailed to the Current Address above using the U.S. Postal Service.

In order to claim these funds, the City of La Cañada Flintridge must receive this form within 45 calendar days from the date of its first advertisement regarding this claim; postmarks are not acceptable. Drop off or mail this form with the attached documentation to the address above.

In consideration thereof, it is agreed the undersigned, the heirs, executors, successors or assigns of the undersigned, will indemnify and hold harmless the City of La Cañada Flintridge, or assigns, from and against any and all claims, liability, loss, damage, expenses, counsel fees and costs arising through or by reason of any endorsement, presentation, negotiation, collection or any attempt at collection or negotiation by the undersigned, the employees, or agents of the undersigned.

Authorized Signature: _____ Date: _____

Name (Print): _____

FOR CITY USE ONLY

- Confirm item is on the Escheatment list
- Confirm Requestor is Depositor of Record or his/her successor or heir
- Confirm date of publication and write it here: _____
- Confirm claim was received within 45 days after date above

Authorized Approver Signature: _____

NOTES:

