



UNCLAIMED MONEY – CLAIM FORM

Return completed form to:

***City of Morgan Hill
Finance Department
17575 Peak Avenue
Morgan Hill, CA 95037***

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check/deposit in the amount of \$_____ that was published in the Morgan Hill Times on_____. The grounds on which I file this claim are: _____

Vendor or Individual Name (Printed)

Vendor or Individual Name (Signature)

Telephone Number

Address

City/State/Zip Code

Please attach copy of your Driver's License or other official form used for identification

FOR FINANCE DEPARTMENT ONLY

Proof of Identity Verified (check one):

Drivers License

Social Security Card

Birth Certificate

Verified By: _____ Date: _____

Claim: Approved Rejected Reason for Rejection: _____

Reviewed By: _____ Date: _____
