



Claim Form for Unclaimed Funds

I, _____, hereby declare that I am the legal owner or custodian of check number _____, issued by the City of Glendale, in the amount of \$_____, dated _____ and the name of the payee shown is _____.
(mm/dd/yyyy)

Indicate the reason for the claim below:

- The above check was not received
- The above check was destroyed
- The above check was lost by me

I hereby certify under penalty and perjury that the information contained on this claim is true and correct and is being submitted to the City of Glendale to substantiate my claim to money held by the City. I further certify that I have the authority and right to claim and receive payment of money and hereby release the City of Glendale from all liability and further obligation with respect to this claim.

Claimant Signature

Date (mm/dd/yyyy)

Address

City/State/Zip Code

Phone Number

E-Mail Address

Driver License

or _____
Tax ID or Social Security Number

Mail Completed Form to:

City of Glendale
Accounts Payable
141 N Glendale Ave, Suite 346
Glendale, CA 91206
818-548-3907

CITY USE ONLY

Check Number _____ Check Date _____

Accepted Denied

Employee Signature _____

Date _____