

CITY OF TUSTIN
UNCLAIMED MONEY CLAIM FORM

Pursuant to California Government Code Section 50052, I wish to file a claim for previously unclaimed funds in the amount of \$ _____ . The grounds on which I file this claim are:

Vendor or Individual Name	Taxpayer ID No. or Social Security Number
Signature	Telephone Number
Address	City, State, ZIP Code

NOTE: Photo, Government Issued or other appropriate identification is required.

FINANCE DEPARTMENT USE ONLY

Claim Received on _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Original Check Number _____	Date _____	Amount \$ _____
Replacement Check # _____	Date _____	Amount \$ _____

Account Number 01-000-2003

Approved by: _____ Title: _____