

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:**

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

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**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 \_\_\_\_-00-00-2003

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_