



**CITY OF SANTA MONICA
Unclaimed Property Claim Form**

Pursuant to California Government Code Section 50052, I wish to file a claim for previously unclaimed funds in the amount of _____ that was posted by the City of Santa Monica on _____. The undersigned claimant certifies, under penalty of perjury, that the claimant has read the claim and knows the contents thereof and that the claimant is the owner of the said claim and is the person entitled to receive the money and property set forth in said claim. Each claimant agrees to indemnify and hold harmless the City of Santa Monica, its officers, and employees from any loss resulting from the payment of said claim. The grounds on which I file this claim are:

For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or attorney is required. **Please submit claim to City of Santa Monica Finance Department, Attn: Financial Operations, 1685 Main Street, Mail Stop 09, Santa Monica, CA, 90401 or by email to Lisa.Nakamine@santamonica.gov**

Vendor or individual name	Taxpayer ID No. or Social Security No.
Signature	Telephone
Address	City, State, Zip Code

FINANCE USE ONLY

Claim received on_____.	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Original Warrant No.:	Date:	Amount:
Replacement Warrant No.:	Date:	Amount:

FINANCE OPERATIONS MANAGER