



Mail form and supporting documents to: City of Lake Elsinore, Attn: Administrative Services, 130 S. Main Street, Lake Elsinore, CA 92530

UNCLAIMED MONEY CLAIM FORM

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

Four horizontal lines for providing grounds for the claim.

Agent or Individual Name Taxpayer ID No. or Social Security No.

Address City, State, Zip Code

Home or Cell Telephone Work Telephone

I hereby certify that the above information is true and correct and is being submitted to the City of Lake Elsinore to substantiate my claim to monies paid the the City. I further certify that I have the authority and right to claim and receive payment of these monies and hereby release the City of Lake Elsinore, its directors, employees, representatives, attorneys and agents from all liability and further obligation wiht respect to this claim.

Printed Name of Claimant Signature of Claimant Date Signed

OFFICE USE ONLY

Approved () Denied () Assistant City Manager Date

City Manager Date

Department Approval Date

Account Number CRS Number