



City of Murrieta Unclaimed Funds Claim Form

Pursuant to California Government Code 50052, I wish to file a claim for previously unclaimed funds:

Check or Project Number	Amount

The grounds on which I am filing this claim are:

_____	_____
Agent or Individual Name	Taxpayer ID or Social Security No.
_____	_____
Address	City, State, Zipcode
_____	_____
Home Telephone	Work Telephone

I hereby certify that the above information is true and correct and is being submitted to the City of Murrieta to substantiate my claim to monies paid to 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 Murrieta, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to this claim.

_____	_____	_____
Printed Name of Claimant	Signature of Claimant	Date Signed

City Use Only

Approved { }	Denied { }
_____	_____
Finance Director	Date
_____	_____
City Manager <i>Required if over \$25,000</i>	Date

Send Completed Form to: City of Murrieta
Department of Finance
1 Town Square
Murrieta, CA 92562