



City of Murrieta

Unclaimed Money Claim Form

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

[Empty rectangular box for grounds of claim]

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

Address City, State, Zip Code

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 herby 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 Date

Account Number