**City of Laguna Beach**

**Claim Form for Unclaimed Funds**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that I am the legal owner or custodian of check number \_\_\_\_\_\_\_\_\_, issued by the City of Laguna Beach, in the amount of $\_\_\_\_\_\_\_\_\_\_\_, dated\_\_\_\_\_\_\_\_\_\_\_\_ and the name of the payee shown is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Indicate the reason for the claim below:**

( ) The above check was not received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) The above check was destroyed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) The above check was lost by me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Donate to the City of Laguna Beach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) The above check is attached. The check is now void because it was not cashed within six months and became stale dated.

I hereby certify under penalty and perjury that the information contained on this claim is true and correct and is being submitted to the City of Laguna Beach to substantiate my claim to money held by the City. I further certify that I have the authority and right to claim and receive payment of money and hereby release the City of Laguna Beach from all liability and further obligation with respect to this claim.

Claimant Signature Date

Address City/State/Zip Code

Phone Number E-mail Address

Mail Completed Forms to:

City of Laguna Beach

Finance Department

505 Forest Avenue

Laguna Beach, CA 92651

**CITY USE ONLY**

Payee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Date\_\_\_\_\_\_\_\_\_\_\_\_ Check Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accepted\_\_\_\_\_ Denied\_\_\_\_\_\_

Employee Signature Date