



Mail to:

Jurupa Community Services District
Attn: Accounting Dept.
1201 Harrel Street
Jurupa Valley, CA 91752

Unclaimed Money Claim Form

Pursuant to California Government Code 50052, I wish to file a claim for unclaimed funds in the amount of \$ _____ published on the Jurupa Community Service District's website.

I am the **Payee** listed on your website.

I am an **Heir of the Deceased Payee** listed on your website.

I am an Agent/Officer for the **Business** listed on your website.

I am the Agent/Officer for the **Government Agency** listed on your website.

The grounds on which this claim is founded:

Last Name

First Name

Service Address

City, State, Zip Code

Current Mailing Address

City, State, Zip Code

Current Telephone Contact No.

I hereby certify that the above information is true and correct and is being submitted to Jurupa Community Service District (District) to substantiate my claim to monies paid to the District. I further certify that I have the authority and right to claim and receive payment of these monies and hereby release the District, 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

Please note: A Social Security Number or Federal ID Number will be required prior to processing payment to the claimant.

For District Use Only: Proof of Identity Verified [] Approved [] Denied []

Approved By _____