

Claim for Unclaimed Property

City of Covina
Attn: Unclaimed Property
125 E. College St.
Covina, CA 91723

Form may be typed or filled out with black or blue ink.

ACCOUNTING ONLY

CLAIM NO. _____

DATE RECEIVED _____

CLAIMANT INFORMATION

Name Address _____

Telephone Number _____

City/State/Zip Code _____

Email Address _____

Last Four Digits of Your Social Security Number _____

Business Name, if applicable _____

Business Taxpayer ID# _____

CLAIM INFORMATION: Attach all documentation to support your claim.

For claims that have not been notarized, include proof of identity (clear copy of passport, DMV license, or DMV ID card). If you are claiming multiple items from the unclaimed property list, please provide this information for each item claimed.

Name (as listed on the unclaimed property listing): _____

Amount (from the unclaimed property listing): _____ Fund (from the unclaimed property listing): _____

PREVIOUS ADDRESSES: Please list your previous addresses as support for your claim. Use additional paper, if needed.

CERTIFICATION OF CLAIMANT

**If the total
amount claimed
is \$100 or more,
the SIGNATURE MUST BE NOTARIZED**

I certify *under penalty of perjury* that the information contained in this claim is true and correct and of my own personal knowledge.

I further certify that I am the owner of or the person legally entitled to the money and property set forth in this claim or I am an authorized representative of this business.

SIGNED: _____

TITLE, if applicable: _____

NOTARY ACKNOWLEDGMENT

State of California
 County of _____

On _____, before me, _____, a Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on this document the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

_____ (Seal)

DISPOSITION

DO NOT WRITE IN THE SECTIONS BELOW THIS LINE

_____ Accepted

_____ Rejected

_____ Escheator

Date: _____

THIS CLAIM IS APPROVED FOR PAYMENT

_____ Finance Manager

OR

_____ Administrative Services Director

Date: _____