



# REQUEST FOR UNCLAIMED MONIES

## I. TOWN STATEMENT

On \_\_\_\_\_, the Town of Yountville issued Check No. \_\_\_\_\_ drawn on the (select one)  PAYROLL -or-  ACCOUNTS PAYABLE account at Westamerica Bank in the amount of \$\_\_\_\_\_ for \_\_\_\_\_.

## II. CLAIMANT STATEMENT

CHECK NEVER RECEIVED – (Complete section III)

That Claimant did not receive and has not caused said check to be presented for payment or otherwise received the proceeds of said check.

CHECK RECEIVED AND LOST OR DESTROYED – (Complete Section III)

That Claimant received the check and has not caused said check to be presented for payment or otherwise received the proceeds of said check as the check has been lost or destroyed.

The Claimant requests that a new check be issued in the amount shown in Section I, by the Town of Yountville in consideration for which the Claimant hereby agrees to indemnify the Town of Yountville, its officers, agents, and employees from any and all expense, loss, or liability whatsoever which may arise out of or be in any way connected with the issuance of said check. It is further agreed that in consideration of the issuance of said replacement check, if said check is found, Claimant will forward it to the Finance Department immediately or be held responsible for payment if the original check is presented for payment.

## III. CLAIMANT INFORMATION OF PROPERTY CLAIMED

EACH CLAIMANT (PAYEE) MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED

PAYEE FULL NAME / BUSINESS NAME		SSN / TIN		
STREET ADDRESS		CITY	STATE	ZIP
DAYTIME PHONE	SIGNATURE REQUIRED		DATE	

**YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM IS OVER \$500**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_

Notary Public in and for

The County of \_\_\_\_\_, State of \_\_\_\_\_

**PROVIDE THE FOLLOWING DOCUMENTS**

**Individuals**

- A copy of current photo identification for each claimant.
- Verification of address, if mailing address is different from original mailing address or photo identification.
- Death Certificate (if making claim for deceased original owner).

**Businesses**

- Copy of current photo identification for the authorized agent signing the form.
- Letter of Authorization on Company letterhead with the names of officers or officials with authority to sign and claim on behalf of the business.
- If your company merged with another company, a copy of the merger agreement.
- If your company was dissolved, a copy of the articles of dissolution.

**IV. CLAIMANT AFFIRMATION**

I, \_\_\_\_\_, certify under the penalty of perjury that I am the lawful payee of the aforementioned check or an authorized representative of the payee, and, that the foregoing declaration is true and correct.

MAIL CHECK TO:

SIGNATURE \_\_\_\_\_

AT \_\_\_\_\_

DATE EXECUTED \_\_\_\_\_

CITY, STATE \_\_\_\_\_

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*Once completed, this form and required documents must be returned to the Town of Yountville for processing.*

**Town of Yountville  
6550 Yount Street  
Yountville, CA 94599**

<b>FOR FINANCE DEPARTMENT ONLY:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Claim received on: _____
GL Acct. Number: _____	_____	Description: _____	
Vendor Number: _____	Orig Chk Number: _____	New Chk Number: _____	Amount: \$ _____