

**CITY OF SOLVANG**

**Unclaimed Money – Claim Form**

Return completed form to:

**City of Solvang  
Finance Department  
1644 Oak Street  
Solvang, CA 93463**

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check in the amount of \$ \_\_\_\_\_ that was published in the Santa Ynez Valley News on \_\_\_\_\_. The grounds on which I file this claim are (if more space is needed, please attach additional sheets):

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_____ Vendor of Individual Name (printed)	_____ Taxpayer I.D. or Social Security No.
_____ Vendor of Individual Name (signature)	_____ Telephone Number
_____ Address	_____ City/State/Zip Code

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**FOR FINANCE DEPARTMENT ONLY**

Name of Payee: \_\_\_\_\_

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

Replacement Check No. \_\_\_\_\_ Check Date \_\_\_\_\_

Check Amount \_\_\_\_\_

Proof of Identity Verified: Driver's License \_\_\_\_\_ Social Security Card \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Verified by: \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_