



# City of Sunnyvale, California

## Unclaimed Property/Check Form

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**Return Completed Form to:**

City of Sunnyvale, California  
Department of Finance  
Post Office Box 3707  
Sunnyvale, CA 94088-3707  
**Attention: Eli Veloz, Sr. Accounting Technician**  
Phone # 408-730-7622

Pursuant to Section 50052 of the Government Code of the State of California, I (we) would like to file a claim for a previously unclaimed money in the amount of \$\_\_\_\_\_ as published in the *Sunnyvale Sun* on \_\_\_\_\_. The grounds on which this claim is founded are as follows:

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(Along with your explanation, please include any additional documentation that supports your claim.)

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Vendor or Individual Name (printed)

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Social Security (last 4 digit) or Taxpayer I.D.#

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Address

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Telephone Number

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City/State/Zip Code

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Fax Number (If available)

I declare under penalty of perjury that the foregoing is true and correct. Executed by me this

\_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ in \_\_\_\_\_  
(Date) (Month) (Year) (City & State)

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Name (Print)

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Signature

**PLEASE NOTE: All claims of \$100.00 or more must be notarized.**

<b><i>For Finance Department Use Only</i></b>	
Name of Payee: _____	Original Check Date: _____
Original Check #: _____	
Original Check Amount: _____	
Replacement Check #: _____	Replace Check Date: _____
Replacement Check Amount: _____	
Verified by: _____	Date: _____
Approved by: _____	Date: _____