

CITY OF LA CAÑADA FLINTRIDGE FINANCE DEPARTMENT ONE CIVIC CENTER DRIVE LA CAÑADA FLINTRIDGE, CA 91011 818-790-8880

unclaimedchecks@lcf.ca.gov

CLAIM FORM – UNCLAIMED FUNDS OVER THREE YEARS OLD

Date:	
Name of Person/Company Who Paid City:	
Your Name (if different):	Phone:
Current Address:	
Amount of Claim: \$	
With this form you must attach 1) proof of your identity such as concertificate, and 2) proof of your association with the original person of yourself). Payment is contingent upon City staff receiving adequated documentation may be requested.	or company who made payment to the City (if
Check here if you would like us to call you to pick up a check (if claim is approved). If not checked, payment will be mailed to the Current Address above using the U.S. Postal Service.	
In order to claim these funds, the City of La Cañada Flintridge must receive this form within 45 calendar days from the date of its first advertisement regarding this claim; postmarks are not acceptable. Drop off or mail this form with the attached documentation to the address above. In consideration thereof, it is agreed the undersigned, the heirs, executors, successors or assigns of the undersigned, will indemnify and hold harmless the City of La Cañada Flintridge, or assigns, from and against any and all claims, liability, loss, damage, expenses, counsel fees and costs arising through or by reason of any endorsement, presentation, negotiation, collection or any attempt at collection or negotiation by the undersigned, the employees, or agents of the undersigned. Authorized Signature: Date: Name (Print):	
FOR CITY USE ONLY Confirm item is on the Escheatment list Confirm Requestor is Depositor of Record or his/her successor or heir Confirm date of publication and write it here: Confirm claim was received within 45 days after date above Authorized Approver Signature: NOTES:	