



**City of Palm Springs**  
**Claim Form for Unclaimed Funds**

I, \_\_\_\_\_, hereby declare that I am the legal owner or custodian of the unclaimed funds issued to the City of Palm Springs, in the amount of \$\_\_\_\_\_, dated \_\_\_\_\_ and the name of the issuer shown is \_\_\_\_\_.

I hereby certify under penalty and perjury that the information contained on this claim is true and correct and is being submitted to the City of Palm Springs to substantiate my claim to money held by the City. I further certify that I have the authority and right to claim and receive payment of money and hereby release the City of Palm Springs from all liability and further obligation with respect to this claim.

\_\_\_\_\_  
Claimant Signature Date

\_\_\_\_\_  
Address City/State/Zip Code

\_\_\_\_\_  
Phone Number E-mail Address

Mail Completed Forms to:  
City of Palm Springs  
Finance Department  
3200 Tahquitz Canyon Way  
Palm Springs, CA 92663-2743

**CITY USE ONLY**

Payee Name \_\_\_\_\_

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

Accepted \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date