



City of Palm Springs
Claim Form for Unclaimed Checks

I, _____, hereby declare that I am the legal owner or custodian of check number _____, issued by the City of Palm Springs, in the amount of \$ _____, dated _____ and the name of the payee shown is _____.

Indicate the reason for the claim below:

- () The above check was not received
- () The above check was destroyed _____
- () The above check was lost by me _____
- () Donate to the City of Palm Springs _____
- () The above check is attached. The check is now void because it was not cashed within six months and became stale dated.

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
P.O. Box 2743
Palm Springs, CA 92263-2743

CITY USE ONLY

Payee Name _____ Check No. _____ Check Date _____ Check Amt _____

Accepted _____ Denied _____

Employee Signature

Date