



City of Santa Barbara

Finance Department

SantaBarbaraCA.gov

Claim form for Unclaimed Money – Escheating Policy – Exhibit III

CITY OF SANTA BARBARA UNCLAIMED MONEY – CLAIM FORM

Return completed form to:
City of Santa Barbara Finance Department
735 Anacapa St
Santa Barbara, CA 93102

Pursuant to California Government Code Section 50052, I wish to file a claim for the previously unclaimed check in the amount of \$_____ that was published in the Voice Magazine on _____. The grounds on which I file this claim are:

Vendor or Individual Name (Printed)

Taxpayer I.D. or Last 4 Social Security No.

Vendor or Individual Name (Signature)

Date

Address

Telephone Number

City/State/Zip Code

Email

- * Employees **must** provide a photo-copy of a valid driver license, passport or state identification.
- * Vendors must provide form of identification namely, their Tax Identification number, business card, and W9 form. If vendor is no longer in business, a copy of the filed dissolution papers must be provided.

FOR FINANCE DEPARTMENT

Proof of Identity Verified (check one):

Driver's License _____ Passport _____ Other Valid Doc _____

Verified By: _____ Date: _____

Claim: Approved Rejected Reason for Rejection: _____

Reviewed By: _____ Date: _____