



City of Glendale

Claim Form for Unclaimed Funds

I, _____, hereby declare that I am the legal owner or custodian of check number _____, issued by the City of Glendale,, 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 _____

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 Glendale 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 Glendale from all liability and further obligation with respect to this claim.

Claimant Signature _____ Date _____

Address _____ City/State/Zip Code _____

Phone Number _____ E-Mail Address _____

Driver License _____ or _____ Tax Id or Social Security Number _____

Mail Completed Forms to:
City of Glendale
Accounts Payable
141 N Glendale Ave, RM 346
Glendale, CA 91206
818-548-3907

CITY USE ONLY

Check No. _____ Check Date _____

Accepted _____ Denied _____

Employee Signature _____ Date _____