



CLAIM FORM FOR UNCLAIMED MONIES

AUDITOR-CONTROLLER
 1010 10th Street, Suite 5100
 Modesto, CA 95354

**CLAIM MUST BE SUBMITTED WITHIN 45 DAYS
 OF MAY 16, 2016**

Claimant Information				Date:
First	Middle	Last	Maiden Name/Alias	
Phone Number	Date of Birth	Social Security Number	Other Social Security Number Used	
Business Name			Tax ID Number	
Business Phone Number			Name of Contact Person	
Mailing Address				
City			State	Zip
Additional Address(es) Used in Last 5 Years, attach additional pages if needed				
City			State	Zip
Drivers License Number		E-mail		

If person completing form is different from above, please complete below				
First	Middle	Last	Relationship to Claimant	
Phone Number		Social Security Number		
Mailing Address				
City			State	Zip
E-mail				

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct to the best of my personal knowledge.

Authorized Signature*	Date
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***Signature(s) must be notarized if the claim amount is \$500 or greater**

Claim Submission
Mail or deliver the completed claim form(s), required identification and supplemental documentation to: Stanislaus County, Auditor-Controller Attn: Unclaimed Monies – Melody Bughi 1010 10 th Street, Suite 5100 Modesto, CA 95354

Claim Information-For Auditors Use Only		
Amount of Claim \$	Month/Yr	Deposit #
Police Report # or Case # (if applicable)	Police Report Date (if applicable)	Court Case # (if applicable)
Reason for Claim – Cause for Original Collection of Monies		
Place of employment when money was collected		