



CITY OF SAN MARCOS REQUEST FOR UNCLAIMED MONIES FORM

Pursuant to Government Code Section 50050, et. seq.

CHECK NUMBER	CHECK DATE	CHECK AMOUNT	
FULL NAME OR BUSINESS NAME		SOCIAL SECURITY OR TAX ID NO.	
STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	EMAIL ADDRESS		

The undersigned claimant certifies under penalty of perjury:

- That claimant is the owner of said unclaimed monies and the person entitled to receive the money set forth in the claim.
- Each check was not endorsed and has not been paid, but was lost, destroyed, or mutilated before being paid by the City of San Marcos, and cannot now be produced by payee.
- Each claimant acknowledges and understands the City of San Marcos will cancel the City check number listed above, causing it to be non-negotiable when a replacement check is delivered to claimant.
- Each claimant agrees to indemnify and hold harmless the City of San Marcos, its officers, and employees from any loss resulting from the payment of said claim.
- If applicable, that claimant is representative or heir of deceased payee.

SIGNATURE	DATE
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Attach:

- Copy of official identification, such as a driver's license AND
- W-9 or letter of authorization on company/agency letterhead with names of officers authorized to sign and claim on behalf of the business/agency. If you cannot provide the requested documentation, attach a letter explaining why you are entitled to the unclaimed check and identify any special circumstances that may apply.
- If filing for deceased payee, provide copy of death certificate and proof of ownership, such as copy of trust confirming beneficiary status.

Submit this completed form and all required documentation via email to accounting@san-marcos.net

During review of the claim documents, additional information/documents may be requested. If approved, a stop payment will be placed on the original check and a new check will be reissued. Notification of claim approval/denial will be sent to the email provided above.

www.san-marcos.net