

## CITY OF NATIONAL CITY REQUEST FOR UNCLAIMED MONIES

Check/Warrant Number	Amount

The undersigned claimant certifies under penalty of perjury that:

- the claimant is the owner of said unclaimed monies and the person entitled to receive the monies set forth in the claim;
- the check/warrant was not endorsed and has not been paid, transferred, or lawfully seized;
- the claimant cannot reasonably obtain possession of the check/warrant because it was lost, destroyed, or mutilated, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or a person that cannot be found or is not amenable to service of process, in any event, before that same was paid by the City of National City; and the check/warrant cannot now be produced by the claimant.

Further, the claimant acknowledges and understands the City of National City will cancel the City check/warrant referenced above, causing it to be non-negotiable, when a replacement check/warrant is issued, and the claimant agrees to indemnify and hold harmless the City of National City, its officers, and employees from any loss resulting from the payment of said claim.

## Claimant must sign this affirmation, or the claim will be rejected.

Full Name or Business Name			Social Security or Tax ID No.			
Street A	ddress	City	Sta	te/Prov.	ZIP Code	Country
Daytime Phone		Signature (Required)			Dat	e

## Signature must be notarized, if claim amount is greater than \$1,000.

Subscribed and sworn before	me this day of	year of
	Notary Public in and for	
The County of	, State of	

Send completed affirmation to: Accounts Payable

Department of Finance City of National City

City Hall

1243 National City Boulevard National City, CA 91950