



# City of Poway Request for Unclaimed Monies

Warrant/Check Number	Amount

Each of the undersigned claimants 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 warrant-check was not endorsed and has not been paid, transferred, or lawfully seized. The claimants cannot reasonably obtain possession of the warrant-check because it was lost, destroyed, or mutilated, its whereabouts cannot be determined, or 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 Poway; and the warrant-check cannot now be produced by the said payee.

Each claimant acknowledges and understands the City of Poway will cancel that certain City warrant-check number(s) listed above, causing it to be non-negotiable when a replacement warrant-check is delivered to him/her.

Each claimant agrees to indemnify and hold harmless the City of Poway, its officers, and employees from any loss resulting from the payment of said claim.

## Each Claimant Must Sign This Affirmation Or The Claim Will Be Returned

Full Name or Business Name			Social Security No. or Tax I.D.		
Street Address		City	State/Province	Zip	Country
Daytime Phone	Printed Name	Signature		Date	

## Your Signature(s) Must Be Notarized If The Claim Amount is over \$1,000

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Insert name and title of the officer)

personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument to the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Send completed affirmation to :

City of Poway, Finance Division  
Unclaimed Monies Claims Processing  
13325 Civic Center Drive  
Poway, CA 92064