

City of Placentia

Claim For Property Held Unclaimed

Name of Claimant: _____ (print name)

Claimant's Address: _____
(Number) (Street Name)

(City) (State) (Zip Code)

Amount Being Claimed: \$ _____

Grounds on which the claim is founded:

Other information that may be relevant to this claim:

I certify that the information stated on this form is true and correct:

(Signature of Claimant)

(Dated Signed)

Approved / Rejected By City Treasurer: (Signature) _____

Kevin Larson

Check Number Issued: _____ Check Dated: _____