

# Claim for Unclaimed Property

**PCWA**  
**Attn: Unclaimed Property**  
**PO Box 6570**  
**Auburn, CA 95604**

Form may be typed or filled out with black or blue ink.

**ACCOUNTING ONLY**

CLAIM NO. \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

**CLAIMANT INFORMATION**

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Business Name, if applicable \_\_\_\_\_

Last Four Digits of Your Social Security Number \_\_\_\_\_

Business Taxpayer ID# \_\_\_\_\_

**CLAIM INFORMATION: Attach all documentation to support your claim.**

*For claims not required to be notarized, include proof of identity (clear copy of passport, DMV license, or DMV ID card). If you are claiming multiple items from the unclaimed property list, please provide this information for each item claimed.*

Name (as listed on the unclaimed property listing): \_\_\_\_\_

Amount (from the unclaimed property listing): \_\_\_\_\_

**PREVIOUS ADDRESSES: Please list your previous addresses as support for your claim. Use additional paper, if needed.**


**CERTIFICATION OF CLAIMANT**

If the total amount claimed is \$100 or more,  
the SIGNATURE MUST BE NOTARIZED

I certify *under penalty of perjury* that the information contained in this claim is true and correct and of my own personal knowledge.

I further certify that I am the owner of or the person legally entitled to the money and property set forth in this claim or I am an authorized representative of this business.

SIGNED: \_\_\_\_\_

TITLE, if applicable: \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

State of California  
County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, a Notary Public, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this document and acknowledged to me that he/she executed the same in his/her authorized capacity, that by his/her signature on this document the person, or the entity upon behalf of which the person acted, executed this document.

Witness my hand and official seal.

\_\_\_\_\_  
(Seal)

**DO NOT WRITE IN THE SECTIONS BELOW THIS LINE**

\_\_\_\_\_ Accepted

\_\_\_\_\_ Rejected

\_\_\_\_\_  
Accounting Technician

Date: \_\_\_\_\_

**THIS CLAIM IS APPROVED FOR PAYMENT**

\_\_\_\_\_

OR

\_\_\_\_\_

Date: \_\_\_\_\_

Finance Manager

Director of Financial Services