



ELSINORE VALLEY

MUNICIPAL WATER DISTRICT

REQUEST FOR UNCLAIMED MONIES

1. STATEMENT

Pursuant to California Government Code 50052, I am filing this claim to request refund for unclaimed funds listed on the Elsinore Valley Municipal Water District (“EVMWD”) website for the check issued on (date) _____, in the amount of _____.

2. CLAIMANT STATEMENT

CHECK NEVER RECEIVED – (Complete Section 3.)

Claimant has never received the check listed in Section 1 (above), nor has the Claimant ever presented said check for payment or otherwise received any proceeds of said check.

CHECK RECEIVED, SUBSEQUENTLY LOST OR DESTROYED – (Complete Section 3.)

Claimant originally received the check listed in Section 1 (above), however said check was either lost or destroyed. The Claimant has never presented said check for payment or otherwise received any proceeds of said check.

The Claimant requests that a new check be issued in the amount shown in Section 1 (above), by EVMWD in consideration for which the Claimant hereby agrees to indemnify EVMWD, its officers, agents, and employees from any and all expense, loss, or liability whatsoever which may arise out of or be in any way connected with the issuance of said check. It is further agreed that in consideration of the issuance of said replacement check, if said check is found, Claimant will forward it to the Finance Department immediately or be held responsible for payment if the original check is presented for payment.

3. CLAIMANT INFORMATION

EACH CLAIMANT (PAYEE) LISTED ON THE ORIGINAL ACCOUNT MUST COMPLETE ALL INFORMATION REQUESTED IN THIS SECTION OR THE CLAIM WILL BE DENIED.

CLAIMANT INFORMATION (Cont'd)

FULL NAME / BUSINESS NAME		DL #			
STREET ADDRESS LISTED ON ACCOUNT		CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE (REQUIRED)		DATE		

FULL NAME / BUSINESS NAME		DL #			
STREET ADDRESS LISTED ON ACCOUNT		CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE (REQUIRED)		DATE		

IN ADDITION, PLEASE PROVIDE THE FOLLOWING DOCUMENTATION:

Individuals

- Copy of current photo identification for each claimant.
- Verification of address, if mailing address is different from original mailing address or photo identification (ie. Copy of utility bill).
- Death Certificate (if making claim for deceased owner)/Proof of eligibility to receive.

Businesses

- Copy of current photo identification for the authorized agent signing the form.
- Letter of Authorization on Company letterhead with the names of officers or officials with authority to sign and claim on behalf of the business.
- If your company merged with another company, a copy of the merger agreement.
- If your company was dissolved, a copy of the articles of dissolution.

4. CLAIMANT AFFIRMATION

I, _____ (print), certify under the penalty of perjury that I am the lawful claimant or authorized representative of the claimant to the check listed in Section 1 (above), and, that the foregoing declaration is true and correct.

(SIGNATURE)

_____ AT _____
(DATE EXECUTED) (CITY, STATE)

New Mailing Address:

SEND COMPLETED AFFIRMATION TO:

Elsinore Valley Municipal Water District – Finance Department
A/R - Unclaimed Checks
P.O. Box 3000
Lake Elsinore, CA 92531-3000



FOR FINANCE DEPARTMENT ONLY

CLAIM RECEIVED ON _____ APPROVED DENIED
INVOICE # _____ VENDOR # _____ CHECK # _____
DESCRIPTION (ORIGINAL CHECK NUMBER) _____ DATE _____ AMOUNT _____
APPROVED BY: _____