



Town of Apple Valley

Claim for Unclaimed Funds

A Better Way of Life

Claimant Information

If you are claiming multiple items, please fill out a form for each item

Include proof of identity in the form of a copy of your driver's license, passport, state ID, or birth certificate

Name

Telephone Number

Address

Email Address

City/State/Zip

Business Name, if applicable

Social Security Number or Federal Employer Identification Number

Claim Information: Attach all documentation to support your claim

Name as listed on unclaimed funds list

Check amount as listed

The grounds on which I file this claim are:

Four horizontal lines for providing grounds for the claim.

Certification of Claimant

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

Title (if applicable) \_\_\_\_\_

Please return in person or by mail to: Town of Apple Valley, Attn: Accounts Payable, 14955 Dale Evans Pkwy. Apple Valley, CA 92307

Form and documentation may also be returned by email to: [finance@applevalley.org](mailto:finance@applevalley.org)

DO NOT WRITE BELOW THIS LINE

Accepted \_\_\_\_\_

Escheator \_\_\_\_\_

Date \_\_\_\_\_

Rejected \_\_\_\_\_

Vendor \_\_\_\_\_

Coding 8010-2670-0000

This claim is approved for payment

Finance Approval \_\_\_\_\_