

**CITY OF PALM DESERT
UNCLAIMED MONEY – CLAIM FORM**

Return completed form to:
City of Palm Desert
Finance Department
73-510 Fred Waring Drive
Palm Desert, CA 92260

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check in the amount of \$_____. I have attached a completed W-9 form and all documents supporting my claim.

Vendor or Individual Name (Printed): _____

Vendor or Individual Name (Signature)

Telephone Number

Address: _____

City/State/Zip Code

FOR FINANCE DEPARTMENT ONLY

Proof of Identity Verified: _____

W-9 Form _____

Verified by: _____ Date: _____

Claim Status: Approved _____

Rejected _____

Reason for rejection: _____

Reviewed by: _____ Date: _____