



City of Palm Springs
Claim Form for Unclaimed Funds

I, _____, hereby declare that I am the legal owner or custodian of the unclaimed funds issued to the City of Palm Springs, in the amount of \$ _____, dated _____ and the name of the issuer shown is _____.

I hereby certify under penalty and perjury that the information contained on this claim is true and correct and is being submitted to the City of Palm Springs to substantiate my claim to money held by the City. I further certify that I have the authority and right to claim and receive payment of money and hereby release the City of Palm Springs from all liability and further obligation with respect to this claim.

Claimant Signature Date

Address City/State/Zip Code

Phone Number E-mail Address

Mail Completed Forms to:
City of Palm Springs
Finance Department
P.O. Box 2743
Palm Springs, CA 92263-2743

CITY USE ONLY

Payee Name _____

Check No. _____ Check Date _____ Check Amount _____

Accepted _____ Denied _____

Employee Signature Date