



# REQUEST FOR UNCLAIMED MONIES

## I. RCWD STATEMENT

On \_\_\_\_\_, RCWD issued Check No. \_\_\_\_\_ drawn on the (select one account)

PAYROLL,  ACCOUNTS PAYABLE,

at Wells Fargo in the amount of \_\_\_\_\_ for \_\_\_\_\_.

## II. CLAIMANT STATEMENT

CHECK NEVER RECEIVED – (Complete section III)

That Claimant did not receive and has not caused said check to be presented for payment or otherwise received the proceeds of said check.

CHECK RECEIVED AND LOST OR DESTROYED – (Complete Section III)

That Claimant received the check and has not caused said check to be presented for payment or otherwise received the proceeds of said check as the check has been lost or destroyed.

The Claimant requests that a new check be issued in the amount shown in Section I, by RCWD in consideration for which the Claimant hereby agrees to indemnify RCWD, 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.

## III. CLAIMANT INFORMATION OF PROPERTY CLAIMED

EACH CLAIMANT (PAYEE) MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED

PAYEE FULL NAME / BUSINESS NAME			SSN / TIN		
STREET ADDRESS		CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED		DATE		

PAYEE FULL NAME / BUSINESS NAME		SSN / TIN		
STREET ADDRESS		CITY	STATE	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED		DATE	

YOU SIGNATURE (S) MUST BE NOTARIZED IF THE CLAIM IS OVER \$500

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_

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Notary Public in and for

The County of \_\_\_\_\_, State of \_\_\_\_\_

**PROVIDE THE FOLLOWING DOCUMENTS**

**Individuals**

- A copy of current photo identification for each claimant
- Verification of address, if mailing address is different from original mailing address or photo identification
- Death Certificate (if making claim for deceased original owner)

**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

## IV. CLAIMANT AFFIRMATION

I, \_\_\_\_\_, certify under the penalty of perjury that I am the lawful payee of the  
aforementioned check or an authorized representative of the payee, and, that the foregoing declaration is true and  
correct.

\_\_\_\_\_  
SIGNATURE\*

\_\_\_\_\_  
DATE EXECUTED

AT \_\_\_\_\_  
CITY, STATE

MAIL CHECK TO:\*

**SEND COMPLETED AFFIRMATION TO :**

Rancho California Water District – Finance Department  
Unclaimed Checks  
42135 Winchester Rd.  
Temecula, CA 92590

## V. FOR FINANCE DEPARTMENT ONLY

CLAIM RECEIVED ON  APPROVED  DENIED

INVOICE NUMBER  VENDOR NUMBER  KEY/OBJ

DESCRIPTION (ORIG CHECK NUMBER)  DATE  AMOUNT

APPROVED BY: