



**CITY OF HUNTINGTON BEACH
 OFFICE OF THE CITY TREASURER
 SHARI L. FREIDENRICH, CPA
 P.O. BOX 190
 HUNTINGTON BEACH, CALIFORNIA 92648-0190
 TELEPHONE: (714) 536-5200 FAX: (714) 374-1603
 E-MAIL: city.treasurer@surfcity-hb.org**

CLAIM FORM - UNCLAIMED FUNDS OVER THREE YEARS OLD

Original Payee Name: _____

Claimant Name: _____ **Phone #:** _____
 (if different)

Current Address: _____

DL#: _____ **SS#/TIN:** _____ **Phone #:** _____
 (individuals attach copy)

Address when check was written: _____

Reason for original check issue: _____

Fund (leave blank if not known): **General** **Trust**

Original Check: Date: _____ **Amount:** _____

In order to process a replacement check and claim these funds, the City of Huntington Beach, City Treasurer must receive this form no later than June 23, 2010

In consideration thereof, it is agreed that the undersigned, the heirs, executors, successors or assigns of the undersigned, will indemnify and hold harmless the City of Huntington Beach, or assigns, from and against any and all claims, liability, loss, damage, expenses, counsel fees and costs arising through or by reason of any endorsement, presentation, negotiation, collection or any attempt at collection or negotiation of the Original Check or the Replacement Check by the undersigned, the employees, or agents of the undersigned. In the event the Original check shall be found, the undersigned agrees to deliver to cause the same to be delivered to the City of Huntington Beach for cancellation and to reimburse the City of Huntington Beach for all expenses incurred by reason of the issuance of the Replacement Check.

Authorized Signature: _____ **Date:** _____

Name (Print): _____ **Title:** _____

Please mail back to: City of Huntington Beach
 Attn: City Treasurer - Claim
 P.O. Box 190
 Huntington Beach, CA 92648-0190

REV 10/09

City of Huntington Beach Use Only	
Finance <input type="checkbox"/> Confirmed item on outstanding check list Name/Date: _____ <input type="checkbox"/> Input & Processed claim Name/Date: _____ Replacement Check: Check # _____ Check Date: _____	City Treasurer <input type="checkbox"/> Check if O/S at bank _____ <input type="checkbox"/> Void check at bank _____ <input type="checkbox"/> Authorize reissue of check _____