



CITY OF HUNTINGTON BEACH
FINANCE DEPARTMENT
P.O. BOX 190
HUNTINGTON BEACH, CALIFORNIA 92648-0190
TELEPHONE: (714) 536-5200 FAX: (714) 536-5934
www.huntingtonbeachca.gov/unclaimedfunds

CLAIM FORM - UNCLAIMED FUNDS

Original Payee Name: _____

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

Current Address: _____

DL#: _____ **SS#/TIN:** _____ **Phone #:** _____

(Individuals: please attach a copy of your driver's license)

Address when check was written: _____

Reason for original check issue (if known): _____

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

In order to process a replacement check and claim these funds, the City of Huntington Beach Chief Financial Officer must receive this form

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: Finance Department – Unclaimed Funds
P.O. Box 190
Huntington Beach, CA 92648-0190

City of Huntington Beach Use Only

Finance

- | | |
|--|---|
| <input type="checkbox"/> Confirmed item on outstanding check list Name/Date: _____ | <input type="checkbox"/> Check if O/S at bank _____ |
| <input type="checkbox"/> Input & Processed claim Name/Date: _____ | <input type="checkbox"/> Void check at bank _____ |
| Replacement Check: Check # _____ Check Date: _____ | <input type="checkbox"/> Authorize reissue of check _____ |