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**CITY OF PIEDMONT  
UNCLAIMED MONEY – CLAIM FORM**

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Return completed form to:  
City of Piedmont  
Finance Department  
120 Vista Avenue  
Piedmont, CA 94611

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check in the amount of \$\_\_\_\_\_ . The grounds on which I file this claim are:

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Vendor or Individual Name (Printed)

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Taxpayer I.D. or Social Security No.

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Vendor or Individual Name (Signature)

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Telephone Number

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Address

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City / State / Zip Code

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**For Finance Department Only**

Proof of Identity Verified:    Check One:  
\_\_\_\_\_ Driver's License          \_\_\_\_\_ Social Security Card          \_\_\_\_\_ Birth Certificate

Verified by: \_\_\_\_\_          Date: \_\_\_\_\_

Claim:    \_\_\_\_\_ Approved          \_\_\_\_\_ Rejected          Reason for Rejection: \_\_\_\_\_

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Reviewed by: \_\_\_\_\_          Date: \_\_\_\_\_