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OFFICE OF THE COUNTY AUDITOR
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COUNTY OF SAN BENITO

Unclaimed Money – Claim Form

Return completed form to:
County of San Benito Auditor-Controller's Office
481 Fourth Street, Second Floor
Hollister, CA 95023

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed warrant numbered _____ in the amount of \$ _____.

I declare under penalty of perjury, under the laws of the State of California, that I am the individual entitled to the unclaimed money for the above referenced warrant. I declare that all statements contained in this claim and any accompanying documents are true and correct, with full knowledge that all statements made on this claim are subject to investigation and that any false or dishonest claim may be grounds for prosecution. By signing this claim form I agree to forfeit the right to redeem the previously unclaimed warrant and agree to destroy the unclaimed warrant if found.

The grounds on which I file this claim are: _____

Vendor or Individual Name (printed)

Telephone Number

Vendor or Individual Name (signature)

Address

City/State/Zip Code

For Auditor-Controller's Office Use Only

Name of Payee: _____

Fund: _____ Fund Type: _____

Original Warrant No. _____ Warrant Date _____ Warrant Amt _____

Replacement Warrant No. _____ Warrant Date _____ Warrant Amt _____

Proof of Identity Verified: Driver's License ____ Social Security Card ____ Birth Certificate ____

Proof of Address: ____ Letter of Authorization: _____

Verified By: _____ Date: _____ Approved By: _____ Date: _____

COUNTY OF SAN BENITO
Unclaimed Money Claim Form – Filing Instructions

STEP #1: Complete all required fields on the Unclaimed Money Claim Form

- Warrant/Check No
- Amount
- Payee Full Name/Business Name, Street Address, City, State, Zip Code
- Daytime Phone
- Vendor or Individual Name (signature)

The listing of unclaimed warrants published in the newspaper includes the vendor name and the dollar amount of the warrant. To obtain the warrant number please refer to a more detailed listing of information posted on the Auditor-Controller's County Website at <http://www.sbcvote.us/> or, if necessary, call 831-636-4090 for assistance.

STEP #2: Identification

You must provide the following when filing your claim:

Individual

- A copy of current photo identification for each claimant
- If applicable, verification of address. If mailing address is different from original mailing address or photo identification, a utility bill or similar document with your name and the previous address can be submitted as an alternative.

Business

- 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

STEP #3: Mail the completed claim form and documents to:

County of San Benito Auditor-Controller's Office
481 Fourth Street, Second Floor
Hollister, CA 95023

When our office receives your completed claim form, we review it carefully. If the evidence is not adequate to prove your ownership, or a subsequent payment has been processed, our office will contact you or return all documents submitted with a letter stating why the claim is incomplete or being denied. Please allow 4-6 weeks processing time.