



City of Imperial Beach

Unclaimed Property – Claim Form

Return completed form to:

City of Imperial Beach
Finance Department- Accounts Payable
825 Imperial Beach Boulevard
Imperial Beach, CA 91932

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check in the amount of \$ _____ that was published in the Eagle Times newspaper on _____.

The grounds on which I file this claim are:

Vendor or Individual Name (Printed)

Taxpayer I.D. or Social Security No.

Vendor or Individual Name (Signature)

Telephone Number

Address

City/State/Zip Code

FOR FINANCE DEPARTMENT USE ONLY		
Proof of Identity Verified (check one)		
Driver's License	Social Security Number	Birth Certificate
Verified By: _____		Date: _____
Claim: Approved Rejected - Reason for Rejection: _____		
Reviewed By: _____		Date: _____