

CLAIM FOR REIMBURSEMENT (Outstanding Checks)

All Reimbursements for aged uncashed checks must be requested in writing. A Claim Form must be completed and submitted with proof of identification. For questions or inquiries, please email finance-ap@ci.garden-grove.ca.us.

You must also provide the following documentation to our office when filing your claim:

Individuals

- A copy of current valid government issued photo identification for each claimant
- Verification of address, if mailing address is different from original mailing address or photo identification

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; Heir or Asset Finders
- A notarized Power of Attorney signed by the same person who signed the Claim(s).
- In addition, a copy of the agreement between the Asset Finder and claimant is required.

Heir or Asset Finders

- A notarized Power of Attorney signed by the same person who signed the Claim(s).
- In addition, a copy of the agreement between the Asset Finder and claimant is required.

Mail the completed claim form and documents to the following address:

City of Garden Grove: Finance Department
ATTN: Accounts Payable
11222 Acacia Pkwy
Garden Grove, CA 92840

Part 1 Account Holder Information
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Name: _____

Street Address: _____

City, State, Zip code: _____

Tax ID/Social Security #: _____

Part II Claim Information

Check No: _____

Amount: _____

Part III Account Holder Certification
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I hereby affirm, under penalty of perjury, that I am the account holder listed above, or a duly authorized representative of the account holder listed above, and do hereby certify that the above listed funds have been paid to the rightful owners or their authorized representative. The account holder agrees, upon payment of the above-described property, to indemnify the City and hold it harmless from all claims and loss, demands, costs, and other expenses which the City may sustain by reason of returning property to the holder and by reason further of its refusal to pay the property to any other person or persons:

Signature: _____ Date: _____