

**CLAIM FOR REIMBURSEMENT
(Unclaimed Checks or Deposits)**

All claims for unclaimed checks or deposits must be requested in writing. A Claim Form must be completed and submitted with the required documentation listed below. For any questions or clarifications, please email finance@ggcity.org

For Individuals:

- A copy of current valid government issued photo identification
- Verification of address, if mailing address is different from the mailing address on the original payment or photo identification

For Businesses:

- Current Form W-9
- 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

For Third Parties:

- If claimant is an heir of the payee, please provide a copy of Death Certificate of the original payee and proof of rightful ownership, such as a trust listing the claimant as the beneficiary
- If claimant is a recovery agency, please provide a notarized Special Power of Attorney for Agent to collect the unclaimed property on behalf of the claimant

Processing time may take 3-4 weeks. Please retain copies of all forms submitted for your records. For more information, please contact the Finance Department at finance@ggcity.org, or call 714-741-5060.

CITY OF GARDEN GROVE
UNCLAIMED CHECK/DEPOSIT – CLAIM FORM

Pursuant to California Government Code Section 50052, I hereby declare that I am the legal owner or custodian of check number _____, or electronic payment issued by the City of Garden Grove, in the amount of \$_____, dated _____. The name of the payee on the original check or electronic payment was _____.

The grounds on which I file this claim are:

- ☐ The above check was never received, was destroyed, or lost.
☐ The above check is attached but voided due to lapse of time exceeding 180 days.
☐ The above electronic payment was never received, cleared or accepted by my financial institution.
☐ Other, including deposits made to the City, please explain below:

I hereby certify, under penalty and perjury, that the information contained and attached to this claim is true and correct and is being submitted to the City of Garden Grove to substantiate my claim to money held by the City. I further certify that I have the authority and right to claim and receive payment of said money and hereby release the City of Garden Grove, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to this claim.

Printed Name of Claimant Signature of Claimant Date

Claimant Taxpayer ID or SSN Phone Number Address

Please submit by:

Mail to: City of Garden Grove, Accounts Payable, 11222 Acacia Pkwy, Garden Grove, CA 92840

Email to: finance@ggcity.org

For general claim questions please contact 714-741-5060 or the above email address.

CITY USE ONLY:

Proof of Identity Verified (check one):

Driver's License _____ Social Security Card _____ Birth Certificate _____

Verified By: _____ Date: _____

Claim: Approved Rejected Reason for Rejection: _____

Reviewed By: _____ Date: _____