

**CITY OF LINCOLN
UNCLAIMED PROPERTY - CLAIM FORM**

Claimant's Name _____ Taxpayer Identification No. or Social Security No. _____

Address _____ City/State/Zip Code _____
() _____

Telephone Number _____

Pursuant to California Government Code Section 50052, I _____

am filing a claim for previously unclaimed money

in the amount of \$ _____, which was published in the _____

_____ on _____ (MM/DD/YY).

The grounds on which I am filing this claim are:

Please attach copies of all support documentation to this claim. Do not attach originals, as the City will retain all documents.

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 Lincoln 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 money and hereby release the City of Lincoln, 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 _____

Please print and sign this form and email to UnclaimedProperty@lincolnca.gov or mail completed Forms to:

City of Lincoln
Finance Department
600 Sixth Street
Lincoln, CA 95648

CITY USE ONLY

Payee Name _____ Account Code _____

Check No. _____ Check Date _____ Check Amount _____

Accepted _____ Denied _____