

**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](mailto: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 \_\_\_\_\_

\_\_\_\_\_