



CITY OF HUNTINGTON BEACH
CITY TREASURER
P.O. BOX 190
HUNTINGTON BEACH, CALIFORNIA 92648-0190
TELEPHONE: (714) 536-5200

CLAIM FORM - UNCLAIMED FUNDS OVER THREE YEARS OLD

Original Payee Name: _____

Claimant Name: _____ **Phone #:** _____
(if different)

Current Address: _____

DL#: _____ **SS#:** _____
(attach copy)

Address when check was written: _____

Reason for original check issue: _____

Fund: ☐ General ☐ Water

Date of original issue: _____ **Amount: \$** _____

In order to process a replacement check before the check is published in a newspaper as unclaimed, the City Treasurer must receive this form no later than 5 pm on June 17, 2009.

In consideration thereof, it is agreed that the undersigned, the heirs, executors, successors or assigns of the undersigned, will indemnify and hold harmless the City of Huntington Beach, or assigns, from and against any and all claims, liability, loss, damage, expenses, counsel fees and costs arising through or by reason of any endorsement, presentation, negotiation, collection or any attempt at collection or negotiation of the Original Check or the Replacement Check by the undersigned, the employees, or agents of the undersigned. In the event the Original check shall be found, the undersigned agrees to deliver to cause the same to be delivered to the City of Huntington Beach for cancellation and to reimburse the City of Huntington Beach for all expenses incurred by reason of the issuance of the Replacement Check.

Signature: _____ **Date:** _____

Name (Print): _____

For Office Use Only: This claim reviewed and approved by: _____
Original Ck #: _____ Replacement Ck #: _____ Date Replaced ____/____/____