



**PALMDALE WATER DISTRICT  
Unclaimed Funds Claim Form**

Pursuant to California Government Code Section 50052, I wish to file a claim for previously unclaimed funds in the amount of \_\_\_\_\_ that was published in the Local Newspaper on \_\_\_\_\_. The grounds on which I file this claim are:

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Vendor or individual name

Taxpayer ID No. or Social Security No.

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Signature

Telephone

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Address

City, State Zip Code

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**FINANCE USE ONLY**

Claim received on \_\_\_\_\_

Approved

Denied

Original Warrant No.: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Replacement Warrant No.: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

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Senior Accountant