PALMDALE WATER DISTRICT

A CENTURY OF SERVICE

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:

Vendor or individual name | Taxpayer ID No. or Social Security No.

Signature | Telephone

Address | City, State Zip Code

FINANCE USE ONLY

Claim received on _____.

Approved ☐ Denied ☐

Original Warrant No.: Date: Amount:

Replacement Warrant No.: Date: Amount:

_____

Accounting Supervisor