

**Heir or Trustee Claimant: Claim Form for Unclaimed Checks**

I, \_\_\_\_\_, hereby declare that I am the legal owner or custodian of check number \_\_\_\_\_, issued by the City of Marina, in the amount of \$ \_\_\_\_\_, dated \_\_\_\_\_ and the name of the payee shown is \_\_\_\_\_.

**Indicate the reason for the claim below:**

- The above check was not received       The above check was misplaced       The above check was destroyed
- The above check is attached. The check is now void because it was not cashed within six months and became stale dated.

**Checklist: Required Official Identification documents submitted with this completed claim form.**

As the Heir or Trustee Claimant, I have attached one of these forms of official identification:

- Official identification in the form of a State identification card, or driver’s license, or military identification card, or passport.

As the Heir or Trustee claimant of a Deceased check owner, I have provided all of these required documents:

- Death certificate of the deceased owner of the unclaimed check.
- Proof of reported address associated with the unclaimed check.

I hereby certify under penalty and perjury that the information contained on this claim is true and correct and is being submitted to the City of Marina 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 Marina from all liability and further obligation with respect to this claim.

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**Claimant Signature** **Date**

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**Address** (Mailing address for replacement check.) **City/State/Zip Code**

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**Phone Number** **E-Mail Address**

Mail completed forms with all required documentation, postmarked no later than August 6, 2015.

No faxed or emailed forms will be accepted.

To: City of Marina  
 Finance Department  
 211 Hillcrest Ave.  
 Marina, CA 93933  
 Attn: Stale Dated/Unclaimed Checks

Contact: Betsy Hill  
 Email: [bhill@ci.marina.ca.us](mailto:bhill@ci.marina.ca.us)  
 Phone: (831) 884-1203

<p><b>CITY USE ONLY</b></p> <p>Payee Name _____</p> <p>Check No. _____ Check Date _____ Check Amount _____</p> <p>Accepted _____ Denied _____</p> <p>Employee Signature _____ Date _____</p> <p>Title _____</p>	<p>Void:</p> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="checkbox"/> </div> <p>Emp. Signature: _____</p> <p>Date: _____</p>	<p>Bank Stop Payment:</p> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="checkbox"/> </div> <p>Emp. Signature: _____</p> <p>Date: _____</p>	<p>Re-issue Check:</p> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="checkbox"/> </div> <p>Emp. Signature: _____</p> <p>Date: _____</p>
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PLEASE RETAIN A COPY OF THIS FORM AND DOCUMENTS SUBMITTED FOR YOUR RECORDS.