

Business 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 a Business 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 a Business claimant, I have provided all of these required documents:

- () Federal tax identification number () Business card of the authorized officer or official
 () Proof of business’s 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.

Claimant Signature **Date**

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

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 Contact: Betsy Hill
 211 Hillcrest Ave. Email: bhill@ci.marina.ca.us
 Marina, CA 93933 Phone: (831) 884-1203
 Attn: Stale Dated/Unclaimed Checks

<p>CITY USE ONLY</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="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p>Emp. Signature: _____</p> <p>Date: _____</p>	<p>Bank Stop Payment:</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p>Emp. Signature: _____</p> <p>Date: _____</p>	<p>Re-issue Check:</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></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.