



CITY OF BREA

UNCLAIMED CHECK CLAIM FORM

Return completed form to:
City of Brea, Finance Division
1 Civic Center Circle
Brea, Ca 92821

Pursuant to California Government Code Sections 50050, 50051, 50052, 50053, and 50055 I wish to file a claim for a previously unclaimed check number _____ in the amount of \$ _____ that was published in the Star Progress on _____
_____. The grounds on which I file this claim are _____

Vendor or Individual Name (Printed)

Taxpayer I.D. or Social Security No.

Vendor or Individual Name (Signature)

Telephone Number

Street Address

City/State/Zip Code

FOR FINANCE DIVISION ONLY

Proof of Identity verified (Check one):

Driver's License Other: _____

Verified by: _____ Date: _____

Claim: Approved Rejected Reason for Rejection: _____

Reviewed by: _____ Date: _____