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**CITY OF OXNARD
CITY TREASURER
UNCLAIMED MONEY – CLAIM FORM**

Return completed form to:

*City of Oxnard- City Treasurer
214 South C. Street Oxnard CA, 93030*

I, _____, hereby declare that I am the legal owner or custodian of deposit/check number _____, issued by the City of Oxnard, in the amount of \$_____, the name of the payee shown is _____ and listed under:

- General Fund-Accounts Payable (101-0000-201-19-00)
- General Fund-Misc UB/OL (101-0000-201-20-00)
- General Fund-Misc Rec (101-0000-201-20-00)
- Payroll Clearing Trust Account (542-0000-201-81-00)
- Police Dept.Trust Account (551-2170-581-75-39)

The reason for the claim is _____

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 Oxnard 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 Oxnard and City Treasurer from all liability and further obligation with respect to this claim.

Claimant Signature

Date (mm/dd/yyyy)

Address

Mailing Address (if different)

Phone Number

Email Address

Attach copy of one form of identification:

- Driver's License
- Passport
- Alien registration card
- Foreign national identification card
- Foreign military identification card
- Mexican Consular identification card
- Article of Incorporation
- Federal or State Tax Return

Mail Completed Form to:
City of Oxnard
City Treasurer
214 S. C Street
Oxnard, CA 93030

CITY USE ONLY

Verified by: _____

Approved Denied

City Treasurer _____

Replacement Check No. _____

Check Date: _____

Held in Fund _____

Mail Date: _____

Processed by: _____