



City of Thousand Oaks

Unclaimed Funds Claim Form

Pursuant to California Government Code 50052, I wish to file a claim for previously unclaimed funds in the amount of \$ _____ as published in the Ventura County Star on _____.

The grounds on which I am filing this claim are:

Name	Taxpayer ID # or Soc Sec #	
Address		
City	State	Zip
Home Telephone #	Business Telephone #	
I hereby certify that the above information is true and correct and is being submitted to the City of Thousand Oaks to substantiate my claim to monies paid to the City. I further certify that I have the authority and right to claim and receive payment of these monies and hereby release the City of Thousand Oaks, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to this claim.		
Name of Claimant (Please Print)	Signature of Claimant	Date Signed

Mail completed claim form along with items listed to:

City of Thousand Oaks
Attn: Business Tax Division / EM
2100 E Thousand Oaks Blvd
Thousand Oaks, CA 91362

Claim form must be accompanied by:

- (A) Copy of Claimants Driver's License or any official photo ID.
- (B) List of all claimant forwarding addresses associated with account being claimed.
- (C) Proof of payment (Receipt or copy of front and back of cancelled check).

For Office Use Only		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments:			
Submitted By:		Date	
Supervisor or Manager Approval:		Date	
Refund Processed By:		Date	

2100 Thousand Oaks Blvd., Thousand Oaks, CA 91362-2903 Telephone (805) 449-2201 FAX (805) 449-2289