



**FINANCE DIVISION**  
**Instructions for Filing a Claim for Unclaimed Property**

- A. Individual Claimant- Claims initiated by the owner of the property must submit the following documents:
1. Completed and signed Claim Form for Unclaimed Funds.
  2. A copy of the check (if available.)
  3. Copy of any official form of identification, such as a driver's license, military identification card, or passport.
  4. Proof of reported address associated with the unclaimed check or credit. The following documents are acceptable; paystub, tax return, mortgage, telephone, or utility bill, bank or credit card statement.
  5. A brief explanation of why the money is owed to you.
- B. Business Claimant- The claim must be made by an officer or official claiming on behalf of the business or corporation, partnership, professional association, for profit organization, government entity, or private organization, and submitted with the following documents:
1. Completed and signed Claim Form for Unclaimed Funds.
  2. A copy of the check (if available.)
  3. Copy of any official form of identification, such as a driver's license, military identification card, or passport.
  4. Federal tax identification number.
  5. Business card of the authorized officer or official.
  6. Proof of business's reported address associated with the unclaimed check or credit. The following documents are acceptable; tax return, mortgage, rent, telephone, or utility bill, business license, or bank statement.
  7. A brief explanation of why the money is owed to you.

If a company or business has dissolved or changed names, additional information may be requested to process the claim.

- C. Heir of Trustee of Deceased Property Owner- Claims initiated by the authorized lawful heir or trustee of the deceased payee's claim must be accompanied by the following documents:
1. Completed and signed Claim Form for Unclaimed Funds.
  2. Death certificate of the deceased owner or owners of the property.
  3. Copy of any official form of identification such as a driver's license, military identification card, or passport.
  4. Proof of reported address associated with the unclaimed check or credit. The following documents are acceptable; paystub, tax return, mortgage, telephone, or utility bill, bank or credit card statement.
  5. A brief explanation of why the money is owed to you.

All claims made by heirs or trustees of a deceased payee are subject to review.

Please attach all required information for each unclaimed property claim form that is being submitted and mail to the following address:

City of San Ramon  
Finance Division  
7000 Bollinger Canyon Rd.  
San Ramon, CA 94583

If you have any questions on how to submit a claim, please contact the City Finance Division at (925) 973-2609.



**CITY OF SAN RAMON  
Claim Form for Unclaimed Property**

Type of Claim: \_\_\_\_\_ Individual Claimant \_\_\_\_\_ Business Claimant

I, \_\_\_\_\_, hereby declare that I am the legal owner or custodian of:

a) check number \_\_\_\_\_, issued by the City of San Ramon, in the amount of \$ \_\_\_\_\_, dated \_\_\_\_\_ and the payee shown as \_\_\_\_\_.

Or

b) \$ \_\_\_\_\_ credit held by the Parks and Community Services Department of the City of San Ramon.

Indicate the reason for the claim below:

- The above check was not received \_\_\_\_\_
- 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
- The above credit was not requested by claimant

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 San Ramon 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 San Ramon from all liability and further obligation with respect to this claim.

I understand that my claim is subject to verification and proof by the City of San Ramon and that the City has 30 days to make a decision to accept or reject the claim; from the date it is received.

\_\_\_\_\_  
Claimant Signature Date

\_\_\_\_\_  
Address City/State/Zip Code

\_\_\_\_\_  
Phone Number E-mail Address

Mail completed forms with supportive required documentation to:

City of San Ramon  
Finance Division  
7000 Bollinger Canyon Rd.  
San Ramon, CA 94583

CITY USE ONLY	
Payee Name _____	
Check No. _____	Check date _____ Check Amount _____
Credit No. _____	Credit date _____ Credit Amount _____
Accepted _____	Denied _____
Employee Signature _____	Date _____