



City of Santa Barbara

Finance Department

www.SantaBarbaraCA.gov

Claim form for Unclaimed Money – Escheating Policy – Exhibit III

Administration

805.564.5334

Accounting

805.564.5340

License & Permits

805.564.5346

Payroll

805.564.5357

Risk Management

805.564.5347

Treasury

805.564.5528

Utility Billing

805.564.5343

Fax

805.897.1978

735 Anacapa St.

PO Box 1990

Santa Barbara, CA

93102-1990

Purchasing

805.564.5349

Warehouse

805.564.5354

Mailroom

805.564.5360

Fax

805.897.1977

310. E. Ortega St.

PO Box 1990

Santa Barbara, CA

93102-1990

Environmental Services

805.564-5631

Fax

805.564.5688

1221 Anacapa Street

PO Box 1990

Santa Barbara, CA

93102-1990

CITY OF SANTA BARBARA
UNCLAIMED MONEY – CLAIM FORM

Return completed form to:
City of Santa Barbara Finance Department
735 Anacapa St
Santa Barbara, CA 93102

Pursuant to California Government Code Section 50052, I wish to file a claim for the previously unclaimed check in the amount of \$_____ that was published in the Montecito Journal on _____. The grounds on which I file this claim are:

Vendor or Individual Name (Printed)

Taxpayer I.D. or Last 4 Social Security No.

Vendor or Individual Name (Signature)

Date

Address

Telephone Number

City/State/Zip Code

Email

- * Employees **must** provide a photo-copy of a valid driver license, passport or state identification.
- * Vendors must provide form of identification namely, their Tax Identification number, business card and W9 form. If vendor is no longer in business, a copy of the filed dissolution papers must be provided.

FOR FINANCE DEPARTMENT

Proof of Identity Verified (check one):

Driver's License _____ Passport _____ Other Valid Doc _____

Verified By: _____

Date: _____

Claim: Approved Rejected

Reason for Rejection: _____

Reviewed By: _____

Date: _____