



Claim Form for Unclaimed Deposits

I, _____, hereby declare that I am the legal owner or authorized representative of receipt number _____, issued by the City of Glendale, in the amount of \$ _____, dated _____ and the name of the payer shown is _____.

Indicate the reason for the claim below:

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

Claimant Signature

Date

Address

City/State/Zip Code

Phone Number

E-Mail Address

Driver License

or

Tax Id or Social Security Number

Mail Completed Forms to:
City of Glendale
General Accounting
141 N Glendale Ave, RM 346
Glendale, CA 91206
818-548-3243

CITY USE ONLY

Accepted _____ Denied _____

Reviewed By: _____ Date _____

Approved By: _____ Date _____

Public Works, CDD or Finance Director