



City of Encinitas

Claim Form for Unclaimed Funds

By filing this claim, I declare that under penalty of perjury under the laws of the State of California that I am the person or the successor in interest, heir, executors, administrators, or assignees of the person to whom the claim check issued by the City of Encinitas, I have an interest in the unclaimed check, and I am entitled to the full amount of the check.

Claimant Name	
Relation to Payee	
Date	
Payee Name	
Check Date	
Check Number	
Check Amount	
Mailing Address	
Contact Phone Number	
Contact Email Address	
Current Disposition of this check (Example: never received, lost, stolen, unable to cash, etc)	
Signature	

Mail Completed form to:

City of Encinitas
Finance Department
505 South Vulcan Ave
Encinitas, CA 92024

Or email completed form to Accounting@encinitasca.gov