



**CITY OF GOLETA  
UNCLAIMED MONEY – CLAIM FORM**

Return completed form in person to:  
 City of Goleta  
 Finance Department  
 130 Cremona Drive, Suite B,  
 Goleta, CA 93117

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check in the amount of \$ \_\_\_\_\_ that was published in the Santa Barbara News-Press on \_\_\_\_\_.

The grounds on which I file this claim are:

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\_\_\_\_\_  
 Vendor or Individual Name (Printed)

\_\_\_\_\_  
 Taxpayer I.D. or Social Security No.

\_\_\_\_\_  
 Vendor or Individual Name Signature

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Address

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

<b>For Finance Department Only</b>	
Proof of Identity Verified:	Check One: ____ Drivers License ____ Social Security Card ____ Birth Certificate ____
Verified by: _____	
Claim: Approved ____ Rejected ____ Rejected Reason for: _____	
Reviewed By: _____	Date: _____