



INSTRUCTIONS FOR CLAIMING UNCLAIMED PROPERTY

To file a claim for unclaimed property:

1. To file a claim, the claimant must complete and submit a [City's Refund Claim form for Unclaimed Property](#). Please include all required documentation with form.
2. **REQUIRED SUPPLEMENTAL DOCUMENTATION:** Proof of Acquisition or Merger/Dissolution.
 - a. 1. If the payment is payable to a company that has since been acquired by (or merged with) another company, the acquiring company must provide legal evidence of such acquisition (or merger). 2. If the payment is payable to a company that has since been dissolved, the Claimant must submit the articles of dissolution.
3. The form may be typed or filled out by hand in **black** or **blue** ink.
4. **For ALL claims**, the claimant must show proof of identity and proof of ownership of the property. Proof of identity may be provided by a valid governmental photo identification (e.g., driver's license, passport, or a government employer identification badge). Proof of ownership will vary depending on the nature of the property claimed but may include proof of residence or ownership at a particular address or proof of a relationship (vendor, employee, contractor, etc.) with the City at a specified time.
5. If the claimant is claiming the money on behalf of a business entity, the claimant must provide proof that he or she has legal authority to make such request. Proof of authority can be, for example, but is not limited to, a signed letter on company letterhead from the owner or CEO of the company and include a copy of a current photo identification for the authorized officer or official claiming on behalf of the company on official letterhead.
6. If the money is requested to be paid to someone other than the original owner of payee (e.g., to a person instead of the business entity), the City requires a written, signed statement made under penalty of perjury and other pertinent legal documents which shall justify the change in payee.
7. All pertinent information called for on the form must be filled in or otherwise provided. The claim form must be signed by the claimant, and the signature must be notarized if the claim is for \$500 or more.
8. For claims submitted by an agent on behalf of the claimant under power of attorney, the power of attorney form must have the notarized signature of the claimant, and the claim form must also have a notarized signature of the claimant.



9. **PROOF OF IDENTITY VERIFICATION LIST:**

- a. **Individual, Sole Proprietors:** Driver license/ID, Social Security Card, Birth Certificate, and Passport.
- b. **Trusts, Estates:** Must submit a copy of a current photo identification of the individual or the person submitting the Affidavit on behalf of the Trust or Estate (i.e. current driver's license or passport).
- c. **Business:** Current W-9 form, Authorization Letter, and Merger Agreement, and Articles of Dissolution. Submit a copy of current photo identification for the authorized officer or official claiming on behalf of the company on official letterhead
- d. **Heir:** Death Certificate Card and Proof of Ownership,
- e. **Recovery Agency:** Copy of agreement between the recovery agency and claimant.

10. Completed claim forms and supporting documentation must be mailed to:

**City of Elk Grove
Department of Finance
Attn Unclaimed Property
8401 Laguna Palms Way
Elk Grove, CA 95758**

If you have any questions, please email: igonzaalez@elkgrove.gov or mail questions to the above address.

Please note that it may take up to 30 days to process your claim and, if approved, approximately 10 additional days for you to receive payment. This process may take even longer under certain circumstances.



GUIDELINES OUTLINING WHO IS AUTHORIZED TO SIGN AFFIDAVIT OF UNCLAIMED MONIES

- A. **Individual** - If the Claimant is an individual, that person must sign the Affidavit.
- B. **Corporation** - If the Claimant is a corporation (including Non-Profit Corporate structures), the Affidavit must be signed by an authorized officer of the corporation.
- C. **Partnership** - If the Claimant is either a General Partnership or a Limited Partnership, then the Affidavit must be signed by a General Partner. A Limited Partner is approved to sign the Affidavit only if this person has been specifically authorized by the partnership to participate in the control and management of the business.
- D. **Limited Liability Company** - If the Claimant is a Limited Liability Company, the Claim Form must be signed by a Managing Member of the Organization. A manager is approved to sign the Affidavit only if this person has been specifically authorized by the membership to participate in the control and management of the business.
- E. **Sole Proprietor** - If the Claimant is a Sole Proprietor, the Affidavit must be signed by the owner of the business.
- F. **Trust** - If Claimant is a Trust, the Affidavit must be signed by each individual who has been appointed a trustee. Required supporting documentation includes a copy of the Trust Agreement that gives the name of each trustee.
- G. **Estate/Deceased Payee** - If Claimant is a deceased individual or to the estate of a deceased person, the Affidavit must be signed by either the executor or the administrator of the estate. Required supporting documentation includes a copy of the Death Certificate and evidence of appointment as executor or administrator.



**City of Elk Grove
REFUND CLAIM FORM**

Pursuant to California Government Code 50052 the following is submitted:

_____ \$ _____
Claimant's Full Name Claim Amount

Current Address (Street, City, State, Zip Code)

(____) _____
Telephone Number Email Address

FOUNDATIONS FOR SUBMISSION: (please attach copies of all supporting documentation, including proof of identification, related to this claim (**do NOT attach originals as the City will retain all documentation submitted with this claim**). ****Indicate below the nature of the original check (to your knowledge)**)

I hereby certify, under penalty and perjury, that the information contained and attached to this claim is true and correct and is being submitted to the City of Elk Grove 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 said money and hereby release the City of Elk Grove, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to this claim.

Printed Name of Claimant Signature of Claimant Date

Please submit by:
Mail to: City of Elk Grove, Finance Department, 8401 Laguna Palms Way, Elk Grove, CA 95758; or
Email to igonzaletz@elkgrovecity.gov

For general claim questions or documentation submission please contact:
Isabel at 916-478-2210 or the above email address.

CITY USE ONLY:
Accepted _____ Denied _____
Accounting Manager Signature _____ Date _____

Payee Name _____ Check # _____ Check Date _____ Check Amt _____