



CLAIM FORM FOR UNCLAIMED MONIES
CLAIM MUST BE SUBMITTED WITHIN 45 DAYS
OF MAY 20, 2011

STANISLAUS COUNTY
AUDITOR-CONTROLLER
 1010 10th Street, Suite 5100
 Modesto, CA 95354

Claimant Information				Date:
First	Middle	Last	Maiden Name/Alias	
Phone Number	Date of Birth	Social Security Number	Other Social Security Number Used	
Business Name			Tax ID Number	
Business Phone Number			Name of Contact Person	
Mailing Address				
City			State	Zip
Previous Address in last 5 years				
Drivers License Number		E-mail		

Claim Information		
Amount of Claim \$	Month/Yr	Deposit #
Case Number or Police Report Number and Date if applicable		Court Case Number if applicable
Reason for Claim – Cause for Original Collection of Monies		
Place of employment when money was collected		

If person completing form is different from above, please complete below			
First	Middle	Last	Relationship to claimant
Phone Number		Social Security Number	
Mailing Address			
City		State	Zip
E-mail			

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct to the best of my personal knowledge.

Authorized Signature	Date
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Claim Submission	
By mail or drop off: Stanislaus County Auditor-Controller Attn: Unclaimed Monies – Jan Ingold 1010 10 th Street, Suite 5100 Modesto, CA 95354	By Fax: (209) 525-7507 Attn: Unclaimed Monies – Jan Ingold

Signature(s) must be notarized if the claim amount is \$500 or greater