



County of Orange
Office of the Treasurer-Tax Collector
SHARI L. FREIDENRICH, CPA, CCMT, CPFA, ACPFIM



P.O. Box 4515
 Santa Ana, CA 92702-4515

Landlord Surplus Claim Form - Unclaimed Funds
A SEPARATE CLAIM FORM IS REQUIRED FOR EACH ITEM

NAME AND ADDRESS OF CLAIMANT

Original Payee Name	<input type="text"/>		
Claimant Name (if different)	<input type="text"/>	Relationship	<input type="text"/>
Current Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	E-mail	<input type="text"/>
Driver's License #	<input type="text"/>	SS# / TIN:	<input type="text"/>

Grounds Upon Which Claim Is Based:

Amount \$

(If greater than \$50, form must be notarized)

Date

CERTIFICATION OF CLAIMANT

The undersigned, and any heirs, executors, successors or assigns of the undersigned, agree to indemnify and hold the County of Orange, its elected and appointed officials, officers and employees harmless from and against all claims, demands, suits, liability, loss, damage, expenses, counsel fees and costs of any nature arising from or related to the payment of any unclaimed funds by the County pursuant to this claim.

I certify under penalty of perjury that the information contained in this claim is true and correct, and of my own personal knowledge. I further certify that I prepared this claim and am entitled to the unclaimed funds set forth in this claim.

Signature of Claimant _____

Date _____

NOTARY ACKNOWLEDGMENT (Required if over \$50)

State of California }ss.
County of _____ }

On _____, before me, _____, Notary Public, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this document and acknowledged to me that he/she executed the same in his/her authorized capacity, that by his/her signature on this document the person, or the entity upon behalf of which the person acted, executed this document.

Witness my hand and official seal.

(Seal)

CLAIM FORM SUBMITTAL

Mail completed claim form to:

Orange County Treasurer
Attn: Landlord Surplus Claims
P.O. Box 4515
Santa Ana, CA 92702-4515
Fax: (714) 834-2912

If you have any questions, please call us at (714) 834-2645 or e-mail us at zzaman@ttc.ocgov.com.