

County of Orange Office of the Treasurer-Tax Collector Shari L. Freidenrich, CPA, CCMT, CPFA, ACPFIM P.O. Box 4515 Santa Ana, CA 92702

Claim Form-Unclaimed Funds

All Claims must be received no later than August 5, 2013

A SEPARATE CLAIM FORM IS REQUIRED FOR EACH ITEM

NAME AND ADDRESS OF CLAIMANT				
ORIGINAL PAYEE NAME				
CLAIMANT NAME (if diffe	erent):	RELATIONSHIP:		
CURRENT ADDRESS	Street Address	City	State	Zip Code
TELEPHONE:	()	E-MAIL:		•
DRIVER'S LICENSE #	SS #/TIN:			
GROUNDS UPON WHIC	CH CLAIM IS BASED:			
AMOUNT	\$	\$ (If greater than \$50, form must be notarized)		
COUNTY AGENCY &				
ACCOUNT NUMBER				
(which name & amount is lis	ted under)			
CERTIFICATION OF CLAIMANT				
hold harmless the County of C	Orange from and against all, presentation, negotiation,	claims, liability, loss, damage collection or any attempt at of	e, expenses, counsel fe	ndersigned, will indemnify and ees and costs arising through or on of the Original check or the
I certify under penalty of perjurcertify that I am the owner of the				n personal knowledge. I further claim.
Authorized Signature:		Date:		
	NOTAR	Y ACKNOWLEDGMENT (Required if over \$50)
State of California County of	}ss.			
On, before				
, 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 s	eal.			

(Seal)