



Claim Form – Unclaimed Funds

Name of Claimant: _____

DL#: _____

Current Address: _____

Home Phone: _____

Cell Phone: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Email: _____

SSN: _____

Pursuant to California Government Code Section 50052, I wish to file a claim for previously unclaimed funds in the amount of \$ _____ that was published by the City of South Gate on _____.

By signing this Claim Form, I certify under penalty of perjury, that I am the owner of said unclaimed monies and the person entitled to receive the money set forth in this claim.

Each claimant agrees to indemnify and hold harmless the City of South Gate, its officers, and employees from any loss resulting from the payment of said claim.

Describe the reason for your claim.

Signature: _____

Date: _____

Name (print): _____

Please mail back to: City of South Gate Treasurer, C/O Police Department
Attn: Lt. Perez – Unclaimed Funds
8620 California Ave
South Gate, CA 90280