



CITY OF OCEANSIDE  
Recover Unclaimed Checks Form

Pursuant to California Government Code Section 50052, I wish to file a claim for previously unclaimed funds in the amount of \$\_\_\_\_\_.

The grounds on which I file this claim are:

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Full Name

Signature

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Address

City, State and Zip Code

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E-mail Address

Telephone Number

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**TREASURY USE ONLY**

Date Claim received: \_\_\_\_\_ Original Check Number: \_\_\_\_\_

Original Check Date: \_\_\_\_\_ Original Check Amount: \_\_\_\_\_

Original Payee: \_\_\_\_\_

Action Taken: \_\_\_\_\_

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Becky Salvatierra  
Treasury Technician  
(760)435-3557 phone  
(760)435-6209 fax