



## CITY OF OCEANSIDE Unclaimed Cash Bonds Claim Form

Pursuant to California Government Code Section 50050 et seq, I wish to file a claim for previously unclaimed funds in the amount of \$ \_\_\_\_\_ that was published in the North County Times on \_\_\_\_\_. The grounds on which I file this claim are:

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

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**REQUIRED PROOF OF PAYMENT:**

Claims submitted without a valid proof of payment will not be considered.

Receipt                       Cancelled check                       Other \_\_\_\_\_

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Full Name \_\_\_\_\_ Signature \_\_\_\_\_

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Address \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

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Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Attach proof of payment to claim form and fax to (760) 435-6907 or mail to:

Development Services  
Attn: Engineering Division  
300 N. Coast Highway  
Oceanside, CA 92054

Engineering Division will review the request and provide a response to the claimant within 60 days of claim receipt date.

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**ADMINISTRATIVE USE ONLY**

Date Claim received: \_\_\_\_\_ Payment Amount \_\_\_\_\_

Date Payment received: \_\_\_\_\_ Form of proof provided \_\_\_\_\_

Paid By: \_\_\_\_\_ Project Name/Number \_\_\_\_\_

Approved                       Denied