



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:

Full Name

Signature

Address

City, State and Zip Code

E-mail Address

Telephone Number

TREASURY USE ONLY

Date Claim received: _____

Original Check Number: _____

Original Check Date: _____

Original Check Amount: _____

Original Payee: _____

Action Taken: _____

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Treasury Technician
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