



**CITY OF Diamond Bar
UNCLAIMED FUNDS – CLAIM FORM**

*Return completed form to:
City of Diamond Bar - Finance Department
21810 Copley Drive, Diamond Bar, CA 91765*

Pursuant to California Government Code Section 50052, I hereby file a claim for unclaimed funds in the amount of \$ _____ that was published in the _____ on _____ . The grounds on which I file this claim are: _____

In making this claim, I agree to defend and hold harmless the City of Diamond Bar from and against any other claim made for the funds that I claim are to be paid to me.

Vendor or Individual Name (Printed)

Vendor or Individual Name (Signature)

Telephone Number

Address

City/State/Zip Code

FOR FINANCE DEPARTMENT ONLY

Proof of Identity Verified: (Check One)

Driver's License

Photo Identification

Birth Certificate

Verified By: _____

Date: _____

Claim: (Check One) Approved Rejected

Reason for Rejection: _____

Reviewed By: _____

Date: _____