



**CITY OF HUNTINGTON BEACH**  
2000 MAIN STREET CALIFORNIA 92648-2702  
COMMUNITY SERVICES DEPARTMENT  
(714) 536-5486

## CLAIM FORM – UNCLAIMED FUNDS

Payee Name: \_\_\_\_\_

Claimant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(if different)

Current Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_  
*(Individuals must attach a copy of your driver's license)*

Amount: \$ \_\_\_\_\_

**In order to process a replacement check and claim these funds, the  
City of Huntington Beach Community Services Director  
must receive this form no later than December 15, 2017.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title (If Organization): \_\_\_\_\_

Please mail back to: City of Huntington Beach  
Community Services Department – Unclaimed Funds  
PO Box 190  
Huntington Beach, CA 92648-0190

City of Huntington Beach Use Only

Confirmed item on outstanding credit list

Name/Date: \_\_\_\_\_

Input & Processed claim

Name/Date: \_\_\_\_\_

Authorize issue of check

Name/Date: \_\_\_\_\_

Check # \_\_\_\_\_

Check Date: \_\_\_\_\_