

CITY OF CORONA

CLAIM FORM FOR UNCLAIMED FUNDS

l,	, hereby declare that I am the legal owner or custodian of chec
	er, issued by the City of Corona, in the amount of \$, dated
and th	e name of the payee shown is
	Indicate the reason for the claim:
	() The above check was not received.
	() The above check was destroyed.
	() The above check was lost by me.
	() The above check is attached. The check is now void because it was not cashed within six from the date of issue.
Furthe	by certify under penalty of perjury that the information contained in this claim is true and correct. rmore, I certify that I have the legal authority and right to claim for the funds and hereby releases by of Corona from all liability and further obligation with respect to this claim.
If the o	original check is located, I acknowledge that it is non-negotiable and will not attempt to cash it.
Claima	Int Signature Date
	SS
	No. () Email address
Mail C	ompleted form with <u>Required Documents</u> to:
	City of Corona
	Finance Department
	400 S. Vicentia Avenue
	Corona, CA 92882

Claim will be reviewed by the City. Check will be reissued once documentation is deemed satisfactory and check is still outstanding at the time the claim is received. Click <u>here</u> for a list of mandatory documentation and check reissuance fee. All documents and fees must be received by the City before the reissuance of the check.