



## BEAR VALLEY COMMUNITY SERVICES DISTRICT

28999 South Lower Valley Road • Tehachapi, CA 93561-7460  
PHONE 661-821-4428 • FAX 661-821-0180

### Unclaimed Funds Claim Form

Return completed form to:

Bear Valley CSD

ATTN: Finance Department

28999 S Lower Valley Rd

Tehachapi CA 93561

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed warrant numbered \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

The grounds on which I file this claim are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Vendor or Individual Name (printed)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Vendor or Individual Name (signature)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

#### FOR FINANCE DEPARTMENT

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

Fund Type/Fund: \_\_\_\_\_ Original Warrant No. \_\_\_\_\_

Warrant Date \_\_\_\_\_ Warrant Amount \_\_\_\_\_ Replacement Warrant No. \_\_\_\_\_

Warrant Date \_\_\_\_\_ Warrant Amount \_\_\_\_\_

Proof of Identity Verified: Driver's License \_\_\_ Social Security Card \_\_\_ Birth Certificate \_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By \_\_\_\_\_ Date: \_\_\_\_\_