



**CITY OF SAN BERNARDINO
MUNICIPAL WATER DEPARTMENT**

UNCLAIMED PROPERTY CLAIM FORM

Return completed form to:

City of San Bernardino
Municipal Water Department
Attn: Unclaimed Property
P. O. Box 710
San Bernardino, CA 92402

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check (or credit balance) in the amount of \$_____ that was published in the City of San Bernardino Water Department website on _____. I can provide a copy of one form of identification, which may include: a copy of my State-issued current driver's license or photo identification card, military identification card, or a copy of the first and last page of my valid passport. A business needs to only provide a tax payer ID number.

Vendor or Individual Name (Printed)

Taxpayer I.D. or Social Security No.
(last four digits only)

Vendor or Individual Name (Signature)

Telephone Number

Address

City/State/Zip Code

Email address: _____

Proof of Identity (Check One)

___ Driver's License/ or Identification Card

___ Military identification

___ Passport

For Department Use Only

Verified by: _____ Date: _____

Claim Status: ___ Approved ___ Rejected Utility or A/R Account Number _____

Reason for Rejection: _____

Reviewed By: _____ Date: _____