



**CITY OF SAN BERNARDINO**  
**FINANCE DEPARTMENT**  
290 North D Street, 3rd Floor  
SAN BERNARDINO, CALIFORNIA 92401  
**TELEPHONE: (909) 384-5242 FAX: (909) 384-5043**  
[www.ci.san-bernardino.ca.us/unclaimedfunds](http://www.ci.san-bernardino.ca.us/unclaimedfunds)

## CLAIM FORM - UNCLAIMED FUNDS

**Original Payee Name:** \_\_\_\_\_

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

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

**DL#:** \_\_\_\_\_ **SS#/TIN:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**(Individuals: please attach a copy of your driver's license)**

**Address when check was written:** \_\_\_\_\_  
\_\_\_\_\_

**Reason for original check issue (if known):** \_\_\_\_\_  
\_\_\_\_\_

**Original Check: Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**In order to process a replacement check and claim these funds,  
the City of San Bernardino Director of Finance must receive this form**

In consideration thereof, it is agreed that the undersigned, the heirs, executors, successors or assigns of the undersigned, will indemnify and hold harmless the City of San Bernardino, or assigns, from and against any and all claims, liability, loss, damage, expenses, counsel fees and costs arising through or by reason of any endorsement, presentation, negotiation, collection or any attempt at collection or negotiation of the Original Check or the Replacement Check by the undersigned, the employees, or agents of the undersigned. In the event the Original check shall be found, the undersigned agrees to deliver to cause the same to be delivered to the City of San Bernardino for cancellation and to reimburse the City of San Bernardino for all expenses incurred by reason of the issuance of the Replacement Check.

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

**Name (Print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

Please mail back to: City of San Bernardino  
Attn: Finance Department – Unclaimed Funds  
290 North D Street, 3rd Floor  
San Bernardino, CA 92401

**City of San Bernardino Use Only**

**Finance**

- |   |                   |   |
|---|-------------------|---|
| <input type="checkbox"/> Confirmed item on outstanding check list | Name/Date: _____  | <input type="checkbox"/> Check if O/S at bank _____       |
| <input type="checkbox"/> Input & Processed claim                  | Name/Date: _____  | <input type="checkbox"/> Void check at bank _____         |
| Replacement Check: Check # _____                                  | Check Date: _____ | <input type="checkbox"/> Authorize reissue of check _____ |