



CITY OF ORANGE  
FINANCE DEPARTMENT  
CLAIM FOR PROPERTY

Account Owner: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING:

Claimant or name of person filing claim: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

(Address to which you want the check sent)

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

Mark one of the following that best describes your relationship to this claim:

1. Are you the owner listed on the first line of this document? If you checked this box   
Please provide one form of identification for yourself. See below for acceptable forms of identification.
2. Are you the heir or surviving spouse of the owner of this account? If you checked this box, please attach a copy of death certificate and will, obituary or notarized list of surviving heirs. Provide one form of identification for yourself. See below for acceptable forms of identification.
3. Are you the guardian, executor, or administrator of or for the owner of this account? If you checked this box, please attach a copy of the legal document supporting this authority (i.e. power of attorney, court document, birth certificate for owner if the owner is a minor). Provide one form of identification for yourself. See below for acceptable forms of identification.
4. Are you the officer or other person authorized to claim on behalf of the business entity. If you check this box, please attach a copy of the corporate resolution or other document verifying your authority (i.e. sales tax license, partnership agreement, proof of DBA)

Acceptable forms of identification: Driver's license, Military I.D., other picture ID with identifying information.

Failure to provide your identification, signature, or completion of this claim form will result in your not receiving the unclaimed property. Your social security number is not required, but may help in identifying you as the property owner.

Disclaimer: I agree that if for any reason it is found that I am not entitled to this payment or I receive a duplicate payment, I will return the funds to the City of Orange within 15 days.

\_\_\_\_\_  
Signature of Person Filing Claim

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

\_\_\_\_\_  
Date