



**WALNUT VALLEY WATER DISTRICT
UNCLAIMED FUNDS – CLAIM FORM**

*Return completed form to:
Walnut Valley Water District - Finance Department
271 S. Brea Canyon Road, Walnut, CA 91789*

Pursuant to California Government Code Section 50052, I hereby file a claim for unclaimed funds in the amount of \$ _____, as published on the Walnut Valley Water District website.

- I am the Payee listed on your website
- I am an Heir of the following Deceased Payee: _____
- I am an Agent/Officer for the following Business listed on your website: _____

Individual Name (Printed)

Taxpayer I.D. or Social Security No.

Service Address

Current Mailing Address

Current Telephone Contact No.

I hereby certify that the above information is true and correct and is being submitted to the Walnut Valley Water District (District) to substantiate my claim to the monies paid to the District. I further certify that I have the authority and right to claim and receive payment of these monies and hereby release the District, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to this claim.

Individual (Signature)

Date

PROVIDE THE FOLLOWING DOCUMENTS:

Individuals

- A copy of current photo identification for each claimant
- Death Certificate (if making a claim regarding monies deposited by a deceased payee)

Businesses

- If the company merged with another company, a copy of the merger agreement
- If the company was dissolved, a copy of the articles of dissolution.