



City of Pico Rivera

ADMINISTRATIVE SERVICES DEPARTMENT

6615 Passons Blvd, Pico Rivera, California 90660

(562) 801-4392

Web: www.pico-rivera.org e-mail: financedepartment@pico-rivera.org

REQUEST FOR UNCLAIMED MONIES FORM

Pursuant to Government Code Section 50050, et. seq.

FULL NAME OR BUSINESS NAME		SOCIAL SECURITY OR TAX ID NO.	
STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER		EMAIL ADDRESS	

The undersigned claimant certifies under penalty of perjury:

- That claimant is the owner of the said unclaimed monies and the person entitled to receive the money set forth in the claim.
- If applicable, that claimant is representative or heir of the deceased payee.

SIGNATURE	DATE
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Attach:

- Copy of official identification, such as a driver's license AND
- W-9 or letter of authorization on company/agency letterhead with names of officers authorized to sign and claim on behalf of the business/agency. If you cannot provide the requested documentation, attach a letter explaining why you are entitled to the unclaimed monies and identify any special circumstances that may apply.
- If filing for deceased payee, provide copy of death certificate and proof of ownership, such as a copy of trust confirming beneficiary status.

Submit this completed form and all required documentation via email to financedepartment@pico-rivera.org

During review of the claim documents, additional information/documents may be requested.

For Administrative Services Department Only

Proof of Identity Provided by Claimant: _____ Verified by: _____

Claim Approved _____ Rejected _____ Reason for rejection _____