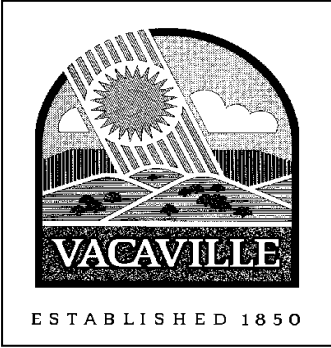


UNCLAIMED PROPERTY FORM



please print

CHECK #

FIRST NAME

LAST NAME

BUSINESS NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE

SSN OR TAX ID

PLEASE PROVIDE THE DOCUMENTS REQUESTED.

CLAIMANT IDENTIFICATION:

- 1 Copy of a photo identification (e.g driver's license, state identification card, passport, etc.)
- 2 Copy of claimant's Social Security card or tax ID number or any other document showing the claimant's Social Security Number or Tax ID (e.g. federal or state income tax return or pay stub, etc.)

If you are a business, please attach a business card.
Claim form must be signed or the claim will be returned.

SIGNATURE:

City of Vacaville
Finance Division, Accounts Payable
650 Merchant Street
Vacaville CA 95688