



**TOWN OF LOS ALTOS HILLS  
UNCLAIMED PROPERTY-CLAIM FORM**

*Return completed form to:  
Town of Los Altos Hills  
Administrative Services Department  
Accounts Payable  
26379 Fremont Road  
Los Altos Hills, CA 94022*

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check in the amount of \$\_\_\_\_\_ that was published in the Town Crier on \_\_\_\_\_ (if applicable).

The grounds on which I file this claim are as follows:

\_\_\_\_\_

\_\_\_\_\_  
Vendor or Individual Name (printed)

\_\_\_\_\_  
Taxpayer I.D. or Social Security Number

\_\_\_\_\_  
Vendor or Individual Name (signature)

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

**NOTE: ALL CLAIMS MUST BE RECEIVED BY THE TOWN BEFORE THE DATE SPECIFIED IN THE NOTICE OR WITHIN 12 MONTHS IF THE AMOUNT IS LESS THAN 15 DOLLARS OR THE DEPOSITORS NAME IS UNKNOWN. POSTMARKS WILL BE ACCEPTED.**

**FOR FINANCE DEPARTMENT USE ONLY**

Date Claim Received: \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Original Check #: \_\_\_\_\_

Original Check Amount: \_\_\_\_\_

Original Check Date: \_\_\_\_\_

Replacement Check #: \_\_\_\_\_

Replacement Check Amount: \_\_\_\_\_

Replacement Check Date: \_\_\_\_\_

Account Code: \_\_\_\_\_

Verified by: \_\_\_\_\_

Date Approved: \_\_\_\_\_