Claimant's Name _				
Taxpayer Identification Number _				
	()			
Pursuant to California Government	Code Section 50	0052, I am filir	ng a claim for previously	
unclaimed property in the amount of \$, to payee				
published in the Community Voice of	on	<u></u> .		
The grounds on which I am filing thi	s claim are:			
<u> </u>				
Please attach copies of all support docretain all documents.		s claim. Do not	•	
claim is true and correct and is bein claim to money held by the City. I fur receive payment of money and here employees, representative attorneys respect to this claim.	orther certify that be completed by release the Co	I have the au City of Rohne	ithority and right to claim and rt Park, its directors,	
Signature of Claimant (Notarized)			Date	
Printed Name of Claimant				
	Mail Completed City of Rohne Finance Depa 130 Avram A hnert Park, CA 9	rt Park rtment venue		
	CITY USE ON	LY		
Payee Name		Account Code		
Check No.	Check Date		Check Amount	
Accepted	Denied			
Treasurer Signature		Date		

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of)	
On before me, _	(insert name and title of the officer)
personally appeared who proved to me on the basis of satisfactory ev subscribed to the within instrument and acknowled his/her/their authorized capacity(ies), and that by person(s), or the entity upon behalf of which the	` ' '
I certify under PENALTY OF PERJURY under the paragraph is true and correct.	e laws of the State of California that the foregoing
WITNESS my hand and official seal.	
Signature	(Seal)