



Helendale Community Services District

26540 Vista Rd. PO Box 359 Helendale, CA 92342 (760) 951-0006 Fax (760) 951-0006

Request for Unclaimed Funds

Each claimant/payee must sign an affirmation, or the claim will be returned. Please complete this form and a W-9 form and return to the Helendale CSD District office at 26540 Vista Rd. Suite B. Helendale, CA 92342.

Check Number: _____ Check Date: _____ Amount: _____

Full Name: _____

Business Name (if applicable): _____

Social Security or Tax ID: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Pursuant to California Government Code Section 50050/50057, I wish to file a claim for a previously unclaimed check in the amount of \$_____. I, _____, certify under the penalty of perjury that I am the lawful payee, or authorized representative of the lawful payee, of the check, and that I am entitled to receive the money set forth in this claim. I agree to indemnify and hold harmless the Helendale Community Services District, its officers, and employees from any loss resulting from the payment of this claim.

Signature

Date

For Office Use Only

Date Received: _____

Date Approved: _____

Check Date: _____

Check Amount: _____

Check Number: _____

Approval: _____

Comments: _____