Christie Martindale
Inyo County Treasurer-Tax
Collector
P.O. Drawer O
Independence, CA 93526
760-878-0312
inyottc@inyocounty.us

UNCLAIMED FUNDS CLAIM FORM

I, the undersigned claimant, hereby state that I am a rightful claimant and base my status as right to file a claim on the following information and documentation. (i.e. Federal, State or Local government identification card, Grant Deed, Coudocuments, invoices, etc)		
(List all attachments)	<u>-</u>	
Please complete the following:		
Name:		
Address:		
City,State,Zip:	y Vy	
Telephone No.		
Email:		
\$ Amount of Claim:		
I affirm under penalty of perjury that the foregoing, a	and any attached supporting documents are	true and
correct.	and any attached supporting documents are	true and
Correct. Signature (Return this document and attachments to: Inyo Cour	Date nty Treasurer-Tax Collector PO Box O, Indep	– endence
Signature (Return this document and attachments to: Inyo Cou	Date nty Treasurer-Tax Collector PO Box O, Indep	– endence
Correct. Signature (Return this document and attachments to: Inyo Cour	Date nty Treasurer-Tax Collector PO Box O, Indep	– endence
Signature (Return this document and attachments to: Inyo Cou	Date nty Treasurer-Tax Collector PO Box O, Indep use only his claim to be:	– endence
Signature (Return this document and attachments to: Inyo Cou CA 93526.) For office I have verified the amount of unclaimed funds available for the second content of the second	Date nty Treasurer-Tax Collector PO Box O, Indep use only his claim to be: Yes/No.	– endence
Signature (Return this document and attachments to: Inyo Cou CA 93526.) For office I have verified the amount of unclaimed funds available for to I have reviewed this claim with the depositing department:	Date nty Treasurer-Tax Collector PO Box O, Indep use only his claim to be: Yes/No.	– endence

JURAT

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.

County of)
On	before me,
	(insert name and title of the officer)
personally appeared	
subscribed to the within his/her/their authorized	ne basis of satisfactory evidence to be the person(s) whose name(s) is/are instrument and acknowledged to me that he/she/they executed the same in capacity(ies), and that by his/her/their signature(s) on the instrument the upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY paragraph is true and co	OF PERJURY under the laws of the State of California that the foregoing orrect.
	official seal.
WITNESS my hand and	
WITNESS my hand and	
WITNESS my hand and	