County of Inyo

TREASURER-TAX COLLECTOR

Christie Martindale

(P) 760-878-0312 / (F) 760-878-0311

inyottc@inyocounty.us

P.O. DRAWER O

INDEPENDENCE, CA 93526

INSTRUCTIONS FOR SUBMITTING A CLAIM FOR UNCLAIMED FUNDS

To submit a claim for unclaimed funds held by the Treasurer-Tax Collector, the attached claim form must be completed.

Notary Requirement:
The form is required to be notarized if you are submitting the form via mail or email. If you deliver the form to our Independence office or by appointment to our Bishop office with your valid California I.D., the notary requirement will be waived.

Attachments to Form:
Please ensure to list all attachments being submitted with your form, if any. If you have retained the stale dated payment, this should be returned with your form. Additional items to attach may be a copy of your invoice, departmental memo, or any other documents which support your claim.

Approval/Denial:
You will be notified via mail of the Treasurer's approval or denial of your claim. If approved, a reissuance check will be mailed with the letter of approval.

Additional Info:
Please be advised that unclaimed funds held by the Treasurer are published four years from the stale date if the payment represents a property tax refund, or three years from the stale date for payroll or non-specific funds. Restitution payments which become stale dated are returned to the Superior Court three years from the stale date of the payment.

Once unclaimed funds have been published, any claim not received within the Treasurer's office by the date specified in the publication will be denied.

If you have been made aware of a stale dated county payment to you, you need not wait for the funds to be published to submit a claim.

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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, Court documents, invoices, etc)

List all Attachments:

Please complete the following:

Name:
Address:
City, State, Zip:
Phone Number:
Email:
Amount of Claim: $
Reason Funds Were Issued (If known):

I affirm under penalty of perjury that the foregoing, and any attached supporting documents are true and correct.

_____ _____

Signature **Date**

(Return this document and attachments to: Inyo County Treasurer-Tax Collector PO Box O, Independence CA 93526.)

For office use only

I have verified the amount of unclaimed funds available for this claim to be: $
Published? Yes ☐ Date:_____ Not Published ☐
I have reviewed this claim with the depositing department: Yes ☐ No ☐
I have determined that this claimant is entitled to the funds: Yes ☐ No ☐

_____ _____

Treasurer-Tax Collector Date

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.

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 evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____(Seal)