



Mail to:
Las Virgenes Municipal Water District
Attn: Director of Finance and Administration
4232 Las Virgenes Road
Calabasas, CA 91302

Unclaimed Money Claim Form

Pursuant to California Government Code 50052, I wish to file a claim for unclaimed funds in the amount of \$_____ published on the Las Virgenes Municipal Water District's website.

- I am the **Payee** listed on LVMWD's website.
- I am an **Heir of the Deceased Payee** listed on LVMWD's website.
- I am an Agent/Officer for the **Business** listed on LVMWD's website.
- I am the Agent/Officer for the **Government Agency** listed on LVMWD's website.

The grounds on which this claim is founded:

Last Name

First Name

Service Address

City, State, Zip Code

Current Mailing Address

City, State, Zip Code

Current Telephone Contact No.

I hereby certify that the above information is true and correct and is being submitted to Las Virgenes Municipal Water District (District) to substantiate my claim to monies paid to the District. I further certify that I have the authority and right to claim and receive payment of these monies and hereby release the District, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to this claim.

_____ Printed Name of Claimant	_____ Signature of Claimant	_____ Date Signed
-----------------------------------	--------------------------------	----------------------

Please note: A Social Security or Federal ID Number will be required prior to processing payment to the claimant.

For District Use Only	
Approved [] Denied []	Approved By: _____