



CITY OF ORANGE
FINANCE DEPARTMENT
CLAIM FOR PROPERTY

Account Owner: _____

PLEASE COMPLETE THE FOLLOWING:

Claimant or name of person filing claim: _____

Social Security Number: _____

Address: _____
(Address to which you want the check sent)

City, State, Zip Code: _____

Mark one of the following that best describes your relationship to this claim:

1. Are you the owner listed on the first line of this document? If you checked this box
Please provide one form of identification for yourself. See below for acceptable forms
of identification.
2. Are you the heir or surviving spouse of the owner of this account? If you checked this
box, please attach a copy of death certificate and will, obituary or notarized list of
surviving heirs. Provide one form of identification for yourself. See below for
acceptable forms of identification.
3. Are you the guardian, executor, or administrator of or for the owner of this account?
If you checked this box, please attach a copy of the legal document supporting this
authority (i.e. power of attorney, court document, birth certificate for owner if the
owner is a minor). Provide one form of identification for yourself. See below for
acceptable forms of identification.
4. Are you the officer or other person authorized to claim on behalf of the business
entity. If you check this box, please attach a copy of the corporate resolution or other
document verifying your authority (i.e. sales tax license, partnership agreement,
proof of DBA)

Acceptable forms of identification: Driver's license, Military I.D., other picture ID with identifying information.

Failure to provide your identification, signature, or completion of this claim form will result in your not receiving the unclaimed property. Your social security number is not required, but may help in identifying you as the property owner.

Disclaimer: I agree that if for any reason it is found that I am not entitled to this payment or I receive a duplicate payment, I will return the funds to the City of Orange within 15 days.

Signature of Person Filing Claim

Telephone Number

Date