



**CITY OF SOUTH LAKE TAHOE
UNCLAIMED MONEY – CLAIM FORM**

Return completed form to:
*City of South Lake Tahoe
Finance Department
1901 Lisa Maloff Way, Suite 210
South Lake Tahoe, CA 96150*

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check in the amount of \$ _____ that was published in the Tahoe Daily Tribune on _____. The grounds on which I file this claim are: _____

Vendor or Individual Name (Printed) _____

Taxpayer I.D. or Social Security No. _____

Signature _____

Date _____

Telephone Number _____

Mailing Address _____

City/State/Zip Code _____

FOR INTERNAL USE ONLY

Proof of Identity Verified (check one):

Driver License

Social Security Card

Passport/Birth Certificate

Verified By: _____ Date: _____

Claim: Approved _____ Rejected _____ Reason for Rejection: _____

Reviewed By: _____ Date: _____