



OTAY WATER DISTRICT

ACCOUNTING DEPARTMENT

REQUEST FOR UNCLAIMED MONIES

WARRANT/CHECK NO.	AMOUNT
-------------------	--------

Each of the undersigned claimants certifies under penalty of perjury that the claimant is the owner of said unclaimed monies and the person entitled to receive the money set forth in the claim. Furthermore, each claimant agrees to indemnify and hold harmless Otay Water District, its officers, and its employees from any loss resulting from the payment of this claim.

EACH CLAIMANT (PAYEE) MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED

PAYEE FULL NAME / BUSINESS NAME				
STREET ADDRESS	CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED		DATE	

PAYEE FULL NAME / BUSINESS NAME				
STREET ADDRESS	CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED		DATE	

In the event identification is unclear, Otay Water District may require additional verification of identification.

Send completed affirmation to: Otay Water District
 2554 Sweetwater Springs Boulevard, Spring Valley, CA 91978-2004

Previous Addresses

List last 3 years

Date From:	Date To:			
STREET ADDRESS		CITY	STATE	ZIP

Date From:	Date To:			
STREET ADDRESS		CITY	STATE	ZIP

Date From:	Date To:			
STREET ADDRESS		CITY	STATE	ZIP

Date From:	Date To:			
STREET ADDRESS		CITY	STATE	ZIP

Date From:	Date To:			
STREET ADDRESS		CITY	STATE	ZIP

Date From:	Date To:			
STREET ADDRESS		CITY	STATE	ZIP

Internal Use Only:
Date District Received Request for Unclaimed monies: _____
Request for Unclaimed monies reviewed and ID verified by: _____
Approved by: _____ Check Request Form Submitted to AP: _____

ACKNOWLEDGMENT

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 } ss
County of San Diego

On _____, 20____ before me, _____, Notary Public, 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.

Notary Public Signature

Notary Public Seal