



**CITY OF NOVATO**  
**CLAIM FORM - UNCLAIMED MONEY**

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Claimant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fed ID: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Pursuant to California Government Code section 50052, I am filing a claim for previously unclaimed money in the amount of \$ \_\_\_\_\_, which was published in a newspaper on \_\_\_\_\_ (MM/DD/YY). The grounds on which I am filing this claim are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach copies of all supporting documentation to this Claim Form. Do not attach originals. The City of Novato will retain all attached documents.

I hereby certify under penalty of perjury that the information contained in and attached to this claim is true and correct and is being submitted to the City of Novato to substantiate my claim to money held by the City. I further certify that I have the authority and right to claim and receive payment of money and hereby release the City of Novato, 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

Return Completed Forms to:  
City of Novato Attn: Finance Department  
922 Machin Ave, Novato, CA, 94945  
[Finance@novato.org](mailto:Finance@novato.org)