MID-PENINSULA
WATER DISTRICT

UNCLAIMED MONEY CLAIM FORM

Return completed form to:

Mid-Peninsula Water District
1075 Old County Road, Suite A
Belmont, CA 94002

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

_____

_____

_____

_____

_____

_____

_____
Vendor or Individual Name (Printed)

_____ _____
Vendor or Individual Signature Telephone Number

_____
Address

_____
City / State / Zip Code

_____

For Mid-Peninsula Water District Only:

Proof of Identity Verified: Driver's License /Passport/ID Card/Other _____