Westborough Water District

UNCLAIMED MONEY CLAIM FORM

Return completed form to:

Westborough Water District
2263 Westborough Blvd.
So. San Francisco, CA 94080

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 Westborough Water District Only:

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