



## OTAY WATER DISTRICT

### ACCOUNTING DEPARTMENT

### REQUEST FOR UNCLAIMED MONIES

WARRANT/CHECK NO.	AMOUNT
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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	

**For claims exceeding \$1,000.00 each signature may be required to be notarized, if identification is unclear.**

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

### Previous Addresses

Please 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

<b>Internal Use Only:</b>				
Date District Received Request for Unclaimed monies: _____				
Request for Unclaimed monies reviewed by: _____				
Approved by: _____ Check Request Form Submitted to AP: _____				