



East Bay Municipal Utility District

375 11th Street

Oakland, CA 94607

Claim Form for Unclaimed Funds

*DIRECTIONS: To submit a claim, please complete this form and include copies of valid government-issued identification (California Driver License, passport, etc.). For claims of \$1,000 or more, a notarized form is required. After completing the necessary steps, mail this form and all documentation to: **EBMUD, Attn: Lien Program, PO Box 24055, Oakland, CA 94623**. For inquiries, contact Lien Program at 510-287-0612 or lien.program@ebmud.com.*

Section 1: Claimant Information

Full Name: _____

Previous Names (if applicable): _____

Address: _____

City: _____

State: _____ **ZIP Code:** _____

Phone Number: _____

Email Address: _____

Section 2: Claim Details

Amount of Funds Being Claimed: \$ _____

Reason for Entitlement (check one):

☐

Original Owner

☐

Heir

☐

Successor Claimant

If claiming as heir or successor, provide details of the original owner and any previous owners:

Section 3: Reason for Reissuance:

- ☐ Lost Check
- ☐ Check not received
- ☐ Stale-dated/expired check
- ☐ Damaged checked
- ☐ Other

Section 4: List of Attached Documents (check all that apply):

- ☐ Proof of identity (e.g., Driver's License, Passport)
- ☐ Proof of Entitlement (e.g., Power of Attorney, Death Certificate, Marriage Certificate, Assignment Agreement)
- ☐ Other

Section 5: Declaration and Signature

I declare under penalty of perjury that the information provided in this form is true and correct to the best of my knowledge. I understand that submitting false information may result in penalties under applicable laws.

Signature of Claimant: _____

Date: _____

☐ Check if notarization is required (for claims of \$1,000 or greater)

Notary Public (if applicable): _____

Subscribed and sworn before me this ____ day of _____, 20__.

Notary Signature: _____

Commission Expiration Date: _____