



Private Sewer Lateral (PSL) Program Claim Form for Unclaimed Funds

Please have this form notarized and mail the original notarized form to the below address.
Keep a photocopy for your records.

EBMUD - PSL Program
PO Box 24055, MS #702 Oakland, CA 94623

Claimant Information:

Full Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

☐ Check here if this is the address the re-issued check should be mailed to.

Phone Number: _____

Email Address: _____

Parcel Details *(parcel the check was issued for):*

Parcel address: _____

Parcel number (APN): _____

Accela Citizen Access Record ID number *(if applicable)*: _____

Claim Details:

Amount of Funds Being Claimed: \$ _____

EBMUD Check no. (visit www.ebmud.com/about-us/financial-information/unclaimed-checks)

Named Recipient: _____

Recipient Address *(original address the check was mailed to)*: _____

Reason *(Check the corresponding box)*:

☐

The check was not received.

☐

The stale-dated check was received but not cashed *(copy attached)*.

☐

The above check was lost or destroyed.

☐

Other: _____

Mailing address *(if different from above)*:

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____

Date: _____

For any questions completing this form, please contact EBMUD's PSL Program via email at psl@ebmud.com or call 510-287-1599.