



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: Accounts Payable, PO Box 24055, Oakland, CA 94623.** For inquiries, contact Accounts Payable at 510-287-0314 or payables@ebmud.com.

I, _____, hereby declare that I am the legal owner or custodian of check/checks: _____, issued by the East Bay Municipal Utility District (EBMUD) in the amount of \$_____, dated _____, and the name of the payee shown is _____.

Check the corresponding box:

☐
☐
☐
☐

Check(s) not received

Stale-dated/expired check(s) - attached

Lost or destroyed check(s)

Other

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

Executed at _____, this _____ day of _____, 20____.

Signature: _____

Address: _____

City, State, ZIP: _____