



## CITY OF SELMA REQUEST FOR UNCLAIMED MONIES

CHECK NUMBER	CHECK DATE	AMOUNT	PAYEE NAME

The undersigned claimant 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.

The claimant agrees to indemnify and hold harmless the City of Selma, its officers, and employees from any loss resulting from the payment of said claim.

**EACH CLAIMANT MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED.**

FIRST NAME	MIDDLE	LAST NAME	SOCIAL SECURITY NUMBER	
STREET ADDRESS		CITY	STATE	ZIP
DAYTIME PHONE	SIGNATURE REQUIRED			DATE

**YOUR SIGNATURE MUST BE NOTARIZED IF THE CLAIM AMOUNT IS OVER \$1,000 \***

Subscribed and sworn before me this _____ day of _____ year of _____  _____ Notary Public in and for  The County of _____, State of _____
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Send completed affirmation to:

City of Selma  
Finance Department  
1710 Tucker Street  
Selma, CA 93662

\* A Notary Public is available in Selma City Hall