



City of Kerman Request For Unclaimed Monies

Check Number	Check Date	Amount	Payee Name
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The unsigned 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 Kerman, 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 No.
Street Address		City	State
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 _____ <div style="text-align: center; border-top: 1px solid black; margin: 10px 0;"> _____ Notary Public in and for </div> The County of _____, State of _____

Send completed affirmation to:

City of Kerman
 Finance Department
 850 S Madera Ave
 Kerman CA 93630