



TREASURER-TAX COLLECTOR SAN DIEGO COUNTY

www.sdttc.com

Dan McAllister
Treasurer-Tax Collector



ABANDONED PROPERTY CLAIM FORM

Name of Claimant: _____ Phone Number: _____

Amount of Claim: _____ Current Address: _____

Mailing Address (if different from above): _____

List your address for the previous three (3) years (if it is different than your current address):

Date From:	Date To:	Address	City	State	Zip Code

The undersigned claimant certifies under penalty of perjury that they are the rightful owner of said unclaimed monies and the person entitled to receive the money set forth in the claim. Furthermore, the claimant agrees to indemnify and hold harmless the County of San Diego, its officers and its employees from any loss resulting from the payment of this claim.

Signature of Claimant _____ Date: _____

ADDITIONAL DOCUMENTATION: Execute this declaration in the presence of Treasurer-Tax Collector staff, **AND** provide:

Individuals

- An identification card or driver's license issued by the California Department of Motor Vehicles that is current or issued during the past five years.
- A passport issued by the Department of State of the United States that is current or issued during the past five years.
- Any of the following documents that are current or issued in the past five years, and contain a photograph, description of the person, signed by the person and bear a serial or other identifying number:
 - A passport issued by a foreign government that has been stamped by the United States Immigration and Naturalization Service.
 - A driver's license issued by a state other than California.
 - An identification card issued by a state other than California.
 - An identification card issued by any branch of the armed forces of the United States.
- Verification of address, if mailing address is different from original mailing address or photo identification.

Businesses

- A copy of current photo identification (per above) for the authorized agent serving as the claimant and signing the form.
- A letter on company letterhead with names of officers or officials authorized to sign and claim on behalf of the business.
- If your company merged with another company, a copy of the merger agreement.
- If your company was dissolved, a copy of the articles of dissolution.

If you are unable to execute this declaration in the presence of Treasurer-Tax Collector staff, a notary public's certificate of acknowledgement identifying you as the person executing the declaration is reasonable proof of identity.

For TTC Staff Use Only

I _____ certify that on _____ the claimant named above presented me with a photo identification in the form of _____ that meets the requirements above.
Printed Name of TTC Employee Initials Date
(ID card, driver's license, passport, other)

TTC Staff - Attach a clear photocopy of the identification presented to you to the back of this sheet.

Note: All documentation submitted to the County of San Diego may be subject to disclosure under public records laws.

RETURN THE COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTATION TO:

refunds@sdcounty.ca.gov

OR

San Diego County – Treasurer-Tax
Collector 1600 Pacific Highway, Room 162
San Diego, CA 92101-2475