



**County of Orange**  
**Office of the Treasurer-Tax Collector**  
**SHARI L. FREIDENRICH, CPA, CCMT, CPFA, ACPFIM**  
**P.O. Box 4515**  
**Santa Ana, CA 92702-4515**  
**Claim Form - Unclaimed Funds**



**A SEPARATE CLAIM FORM IS REQUIRED FOR EACH ITEM**

**NAME AND ADDRESS OF CLAIMANT**

Original Payee Name

Claimant Name (if different)

Relationship

Current Street Address

City

State

Zip Code

Phone Number

E-mail

Driver's License #

SS# / TIN:

Grounds Upon Which Claim Is Based:

Amount \$

Check No.

(If greater than \$50, form must be notarized)

(If known)

Agency / Fund

**CERTIFICATION OF CLAIMANT**

In consideration thereof, it is agreed that the undersigned, the heirs, executors, successors or assigns of the undersigned, will indemnify and hold harmless the County of Orange from and against all claims, liability, loss, damage, expenses, counsel fees and costs arising through or by reason of any endorsement, presentation, negotiation, collection or any attempt at collection or negotiation of the Original check or the Replacement Check by the undersigned, the employees, or agents of the undersigned.

I certify under penalty of perjury that the information contained in this claim is true and correct, and of my own personal knowledge. I further certify that I am the owner of this claim and am the person entitled to the money and property set forth in this claim.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT (Required if over \$50)**

State of California }ss.  
County of \_\_\_\_\_ }

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this document and acknowledged to me that he/she executed the same in his/her authorized capacity, that by his/her signature on this document the person, or the entity upon behalf of which the person acted, executed this document.

Witness my hand and official seal.

\_\_\_\_\_  
(Seal)

**CLAIM FORM SUBMITTAL**

Mail completed claim form to:

**Orange County Treasurer**  
**Attn: Unclaimed Funds**  
P.O. Box 4515  
Santa Ana, CA 92702-4515  
Fax: (714) 834-2912

If you have any questions, please call us at (714) 834-4619 or e-mail us at [mtaylor@ttc.ocgov.com](mailto:mtaylor@ttc.ocgov.com)

Print Form