

City of Concord  
Affidavit of Unclaimed Monies

I, \_\_\_\_\_, hereby declare that I am the am the depositor of the unclaimed money, their heir, beneficiary, or duly appointed representative of check number \_\_\_\_\_, issued by the City of Concord, in the amount of \$\_\_\_\_\_ (“unclaimed monies”), dated \_\_\_\_\_ and the name of the Payee shown is \_\_\_\_\_.

Indicate below what happened to the original check– mark on the box and explain.

- ( ) The above check was not received.
- ( ) The above check was destroyed by \_\_\_\_\_.
- ( ) The above check was lost by me on \_\_\_\_\_.
- ( ) Other \_\_\_\_\_.
- ( ) The above check is attached. The check is now void because it was not cashed within six months and became stale dated.
- ( ) The above Check as not received, deposited, or cashed, however there are no outstanding payments due to me from the City of Concord.

I have an interest in the unclaimed monies, am entitled to the full amount thereof, request that a replacement check be issued to me, and agree that if the above warrant is received I will promptly return it to the City of Concord Finance Department.

**I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.**

**EXECUTED AT \_\_\_\_\_, on DATE \_\_\_\_\_**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Daytime Phone Number**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City State Zip**