



RIVERSIDE COUNTY SHERIFF  
UNCLAIMED MONEY  
(Pursuant to Government Code 50052)

## Unclaimed Money Form

Fill out this form, print it, sign it, then attach the required documentation to this form and mail it to:

**Riverside County Sheriff**  
**ATTN: Accounting & Finance - Unclaimed Money**  
**P.O. BOX 512**  
**RIVERSIDE, CA 92501**

Once your package is received with all the required documentation, it will be reviewed. Please do not inquire on the status of your claim unless it has been **over 60 days from the date you mailed your package**. Such calls will only delay disbursements.

Each of the undersigned claimants certifies, under penalty of perjury, that the claimant has read the claim and knows the contents thereof and that the claimant(s) is/are the owner(s) of the said claim and the person(s) entitled to receive the money set forth in the said claim.

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

Current information and signature must be provided for each claimant or the claim will be returned.

PROPERTY IDENTIFICATION NUMBER: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DEADLINE TO SUBMIT UNCLAIMED MONEY FORM IS: **February 29, 2020**

FIRST AND LAST NAME OR BUSINESS NAME: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

CITY, STATE/PROVINCE/ZIP/COUNTRY: \_\_\_\_\_

DAYTIME PHONE (WITH AREA CODE): \_\_\_\_\_

CLAIMANT'S OR AUTHORIZED AGENT'S SIGNATURE : \_\_\_\_\_

Date: \_\_\_\_\_

