



COUNTY OF NEVADA

REQUEST FOR UNCLAIMED MONIES

PAYEE NAME	AMOUNT

Each of the undersigned claimants 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. Furthermore, each claimant agrees to indemnify and hold harmless the County of Nevada, its officers, and its employees from any loss resulting from the payment of this claim.

EACH CLAIMANT (PAYEE) MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED

PAYEE FULL NAME / BUSINESS NAME					
STREET ADDRESS		CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE	

PAYEE FULL NAME / BUSINESS NAME					
STREET ADDRESS		CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE	

YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM IS OVER \$100

Subscribed and sworn before me this _____ day of _____ year of _____

Notary Public in and for The County of _____, State of _____

Send completed affirmation to:

County of Nevada, Auditor Controller's Office
950 Maidu Ave, Ste 230 Nevada City, CA 95959