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**SUBJECT:** Unclaimed Funds

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**PURPOSE:**

To establish the proper disposition and accounting for unclaimed money. Government Code Sections 50050 through 50057 provide the authority for this policy.

**POLICY:**

1. Funds which are not the property of the City of Pleasanton that remain unclaimed for a period of more than three (3) years will become the property of the City of Pleasanton, if not claimed or if no verified complaint is filed and served, on or before the specific date stated in the public notice that is published in a newspaper of general circulation.
2. Any individual funds that are less than \$15.00 or any funds regardless of amount for which the depositor's name is not known shall be transferred upon the approval of the City Council to the fund of origin or if unknown, the General Fund of the City after one year and without the need to publish notice.

**PROCEDURE: Applicable to #1 above**

- Unclaimed funds over three years old and over \$15.00 will be identified on an annual basis.
- For funds that have been unclaimed for at least a three year period, a notice will be published once a week for two consecutive weeks in a newspaper of general circulation. The notice shall state the individual or business name (original depositor for receipts, original vendor for stale-dated checks), the amount of money, the fund in which the money is held, and that the money will become the property of the City of Pleasanton on a specific date (not less than 45 nor more than 60 days after the first publication). (Section 50051)
- Upon or prior to publication, a party of interest may file a claim for the funds with the Director of Finance. The claim (see attached) must contain the claimant's name, address, telephone number, amount, tax identification number, and grounds for the claim, and must be submitted and accepted before the date identified in the notice as the date the funds become the property of the City of Pleasanton. The Director of Finance can require additional information to help



**CITY OF PLEASANTON**  
**OUTSTANDING CHECK CLAIM**

Payee Name: \_\_\_\_\_

Check Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_

As of **April 6, 2012**, City accounting and bank records indicate that the check identified above is outstanding. Checks not cashed or deposited within 3 years of issuance may be treated as unclaimed funds and become the property of the City in accordance with Government Code section 50050 et. Seq.

Please indicate the disposition of the check:

\_\_\_\_\_ Check is in my possession and the City of Pleasanton still owes me this amount.  
I have enclosed the original check and request you issue a replacement check to the address below  
*(stale-dated checks may not be honored at your bank so we recommend you request a replacement).*

\_\_\_\_\_ Check was not received, or was lost/destroyed. This money is still due to me from the City of Pleasanton. Please mail a replacement check to the address below.

\_\_\_\_\_ Check was received and deposited or cashed on \_\_\_\_\_  
*(insert date if known)*

\_\_\_\_\_ Check was not received, deposited, or cashed; however there are no outstanding payments due to me from the City of Pleasanton.

\_\_\_\_\_ Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned declares that under penalty of perjury under the laws of the State of California that I am the person or the successor in interest, heir, executors, administrators, or assignees of the person to whom the claim check issued by the City of Pleasanton, I have an interest in the unclaimed check, and I am entitled to the full amount of the check.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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

*Mail this completed form to: City of Pleasanton, Finance Dept – Unclaimed Funds, P.O. Box 520, Pleasanton, CA 94566. If you have questions, please contact Kathy Kitterman at (925) 931-5407.*

# CITY OF PLEASANTON

## UNCLAIMED FUNDS – CLAIM REJECTION FORM

The City of Pleasanton has rejected the unclaimed funds claim of:

Vendor or Individual Name: \_\_\_\_\_

Taxpayer I.D. or Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Original Check Date: \_\_\_\_\_

Original Check Amount: \_\_\_\_\_

The grounds on which this claim has been rejected are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under California Government Code Section 50052, you have the right to file a verified complaint seeking to recover all, or a designated part, of the money in a court of competent jurisdiction within Alameda County. A copy of the complaint and the summons issued thereon must be served within thirty (30) days of receiving this notice of rejection. Upon being served, the Treasurer will withhold the disputed amount from being released until a decision is rendered by the court.

\_\_\_\_\_  
Emily Wagner, Director of Finance

\_\_\_\_\_  
Date