

Exhibit II

CITY OF CALABASAS
Unclaimed Money - Claim Form

Return completed form to:
City of Calabasas
Finance Department
100 Civic Center Way
Calabasas, CA 91302

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check in the amount of \$ _____ that was published in the Acorn on _____. The grounds on which I file this claim are:

Vendor or Individual Name (printed)

Taxpayer I.D. or Social Security No.

Vendor or Individual Name (signature)

Telephone Number

Address

City/State/Zip Code

FOR FINANCE DEPARTMENT ONLY

Name of Payee: _____
Original Check No. _____ Check Date _____ Check Amount _____
Replacement Check No. _____ Check Date _____ Check Amount _____
Proof of Identity Verified: Driver's License _____ Social Security Card _____ Birth Certificate _____
Verified By: _____ Date: _____
Approved By: _____ Date: _____