COUNTY OF SACRAMENTO
UNCLAIMED WARRANT AFFIDAVIT FOR A BUSINESS

I, _____ , do hereby state that I am authorized to make this
(NAME OF SIGNOR)

statement on behalf of _____ as
(NAME OF ORGANIZATION, TRUST OR ESTATE)

its _____ that I am an
(TITLE OF SIGNOR-IF APPLICABLE)

authorized representative for Sacramento County Warrant No. _____, dated

_____, in the amount of _____.

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and was executed on the _____day of _____ 20_____, at Sacramento, California.

_____ (_____)_____
Signature of Authorized Representative **Telephone**

_____
Business Name

_____
Street Address

_____
City, State and Zip code

State of _____)
) ***SS.***
County of _____)

Subscribed and sworn to (or affirmed) before me on this

_____ day of _____, _____, by
Date Month Year

(1) _____
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

_____
Affix Notary Seal Above Signature of Notary Public

THIS AFFIDAVIT MUST BE NOTARIZED IF THE CLAIM AMOUNT IS GREATER THAN $250.

SEND COMPLETED FORM TO: COUNTY OF SACRAMENTO, AUDITOR-CONTROLLER, 700 H ST, ROOM 3650, SACRAMENTO, CA 95814