COUNTY OF SACRAMENTO
UNCLAIMED WARRANT AFFIDAVIT FOR AN INDIVIDUAL

I, _____, do hereby state that I am legal owner or
(NAME OF SIGNOR)

custodian of 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.

_____ (_____)_____
Payee Signature **Payee Telephone**

_____
Payee Address

_____
Payee 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

_____
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