

# County of Santa Clara

Finance Agency

Department of Tax and Collections

70 West Hedding Street, East Wing, 6th Floor  
San Jose, California 95110



## UNCLAIMED MONIES - GENERAL COLLECTIONS CLAIM FORM

I \_\_\_\_\_, hereby certify that I am the legal owner of the  
Claimant's Name

unclaimed monies as listed for Account Number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

Please provide the following:

- Photocopy of a government issued photo ID
- Notarized limited power of attorney, if claiming on behalf of the payee. Please note that the name of the payee will not change.
- Payee's last 5 addresses (one address per line):

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By signing below, I state that I am the rightful owner of the unclaimed monies mentioned above. In consideration of the payment of this claim, I will reimburse to the Department of Tax and Collections the amount due to any additional persons who are entitled to these funds. I hereby declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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Claimant's Signature	Payee Name	Phone Number	Date
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Address	City / State / Zip Code	Email Address
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Please mail the form to: Department of Tax & Collections  
Attn: Fiscal Division – General Collections  
70 West Hedding Street, East Wing, 6<sup>th</sup> Floor  
San Jose, CA 95110

The claim review process may take 45-60 days based on the volume received. If you have any questions, please contact the Fiscal Division via email at [dtac-gen-refunds@fin.sccgov.org](mailto:dtac-gen-refunds@fin.sccgov.org) or call 408-326-1007.