



City of Vista
Finance Department

Accounts Payable Request for Release of Unclaimed Property Form

I request the following check be reissued:

Check number: _____ Check amount: _____

The original check issued to me because the check was:

Lost Never Received Destroyed Unreturned Deposits Other

Company Name (if applicable): _____

My Name: _____

Tax Payer ID number or Social Security Number: _____

As per IRS regulations, Tax Payer ID or Social Security numbers are required for all checks issued.

Street address: _____

City: _____ State: _____ Zip Code: _____ Phone number: _____

Under penalty of perjury, I claim I am the owner of the above described claim and I am the person, or am representing the company, as described in this claim.

Signature: _____ Date: _____

Please attach the following:

- Copy of official identification, such as a driver's license, military identification card, or passport.
- Proof of the address original check was issued to, such as copy of pay stub, business card, tax return, mortgage statement, telephone or utility bill, bank or credit card statement.

If you cannot provide the requested documentation, attach a letter explaining why you are entitled to the unclaimed check and identify any special circumstances that may apply to your claim.

We will request additional information if it is needed to process your claim.

Special note: If the payee is a minor, or deceased, or the company is in bankruptcy, please contact us regarding additional information that will be required.

All information provided will be kept confidential.

Send the completed Release of Unclaimed Property form, and all additional documentation, to us via:

Email: accountspayable@cityofvista.com

Mail: City of Vista, Accounts Payable, 200 Civic Center Drive, Vista CA 92084

Internal Use Only

Form received on: _____

Approved: _____ Date: _____

Replacement check number: _____ Date: _____ Amount: \$ _____