

**CITY OF DIXON
600 East A Street
Dixon, CA 95620**

STALE DATED CHECK CLAIM FORM

Pursuant to Government Code Section 50052, the undersigned is filing this claim for the stale dated checks as described below:

NAME OF CLAIMANT: _____

ADDRESS OF CLAIMANT: _____

TELEPHONE: _____

AMOUNT OF CLAIM: _____

If address was different at the time original check was issued, please indicate here:

I hereby certify that the above information is true and correct and is being submitted to the City of Dixon to substantiate my claim to monies. I further certify that I have the authority and right to claim and receive payment of these monies and hereby release the City of Dixon, its directors, employees, representatives, attorneys, and agents from all liability and further obligation with respect to this claim.

Printed Name of Claimant

Signature of Claimant

Date Signed

Note: A copy of identification must be submitted with this form.

This section for Finance Department use only.

Approved by: _____

Date of check reissue: _____

Check # _____