
COASTSIDE COUNTY WATER DISTRICT UNCLAIMED MONEY - CLAIM FORM

Return completed form to:

Coastside County Water District
766 Main Street
Half Moon Bay, CA 94019

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed check in the amount of \$_____. The grounds on which I file this claim are:

Vendor or Individual Name (Printed)

Vendor or Individual Name (Signature)

Telephone Number

Address

City / State / Zip Code

For Coastside County Water District Only:

Proof of Identity Verified: Driver's License /Passport/ID Card/Other _____