

County of Santa Clara

Finance Agency

Department of Tax and Collections

70 West Hedding Street, East Wing, 6th Floor

San Jose, California 95110

www.sccdtaac.org



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 line per address):

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.

Claimant's Signature Payee Name Phone Number Date

Address City / State / Zip Code Email Address

Please mail the form to: Department of Tax & Collections
Attn: Fiscal Division – General Collections
70 West Hedding Street, East Wing, 6th 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 or call 408-326-1007.