

City of Hughson  
7018 Pine St./PO Box 9  
Hughson Ca. 95326  
209-883-4054



## City of Hughson Unclaimed Property Claim Form

CLAIM AGAINST: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_

Claimant's Address: \_\_\_\_\_

Claimant's Phone Number: \_\_\_\_\_

Amount of Claim & Check Number: \$ \_\_\_\_\_

What are the Grounds for this Claim? \_\_\_\_\_

Utility Account Number/Service Address (if applicable):

Account Number: \_\_\_\_\_

Service Address (Required): \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

### OFFICE USE ONLY

Date Received:

Accounts Payable

Status: Accepted / Rejected

Check Number:

Amount:

Date Mailed: