



# CALAVERAS COUNTY WATER DISTRICT

120 Toma Court • San Andreas, CA 95249 • Main Line (209) 754-3543

## UNCLAIMED MONEY CLAIM FORM

I wish to file a claim to Calaveras County Water District for the unclaimed money due me/or my company under California Government Code Section 50052.5. The claim is filed on behalf of:

Name:

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Address:

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City/ State/Zip Code:

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Amount: \_\_\_\_\_

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

The grounds on which this claim is filed are:

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Attach proof of identity (such as a copy of a driver's license or other valid identification)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name