Exhibit 3 - Unclaimed Monies Claim Form

Westlands Water District
Unclaimed Monies Claim Form

Return completed Claim Form to:

Westlands Water District
P.O. Box 5199
Fresno, CA 93755

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

_____

Vendor or Individual Name (Printed) Taxpayer ID or SSN

_____

Vendor or Individual Name (Signature) Telephone Number

_____

Address

_____

City/State/Zip Code

For Finance & Administration Division Only

Proof of Identity Verified: ☐ Yes ☐ No

W-9 Form: ☐ Yes ☐ No

Verified by: _____ Date _____

Claim Status:
☐ Approved
☐ Denied

If denied, reason for rejection _____

Reviewed by: _____ Date: _____