

SOUTHERN CALIFORNIA REGIONAL RAIL AUTHORITY (SCRRA) - CLAIM FORM

Claimant's Name (Please Print)

Taxpayer Identification No. or Social Security No.

Mailing Address

City/State/Zip Code

()

Telephone Number

Pursuant to California Government Code Section 50052, I _____ am filing a claim for previously unclaimed money in the amount of \$_____, payable to _____ which was published in a newspaper of general circulation on _____(MM/DD/YY).

The grounds on which I am filing this claim are:

Please attach copies of all supporting documentation related to this claim. Do not attach originals, as SCRRA will retain all documentation submitted with this claim.

I hereby certify, under penalty and perjury, that the information contained and attached to this claim is true and correct and is being submitted to SCRRA to substantiate my claim to money held by SCRRA. I further certify that I have the authority and right to claim and receive payment of money and hereby release SCRRA, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to the claim.

Signature of Claimant

Date

Mailed Completed Claim Forms to:
 Southern California Regional Rail Authority (SCRRA)
 c/o Finance Department
 900 Wilshire Blvd., Ste. 1500
 Los Angeles, CA 90017

SCRRA FINANCE DEPT USE ONLY:			
Payee Name _____	Account Code _____		
Check Number _____	Check Date _____	Check Amount _____	
Accepted _____	Denied _____		
Controller Signature _____	Date _____		