



# EAST VALLEY WATER DISTRICT

LEADERSHIP • PARTNERSHIP • STEWARDSHIP

## FINANCE DEPARTMENT CLAIM FORM FOR UNCLAIMED FUNDS

*All claims must be filed with East Valley Water District.*

**Name of Claimant:** \_\_\_\_\_

**Amount of Claim:** \$ \_\_\_\_\_

### 1. Current Claimant Information

<b>Home Address:</b>	_____ _____
<b>Phone Number:</b>	_____
<b>Email Address:</b>	_____

### 2. Time of Check Issuance

<b>Customer/Vendor Name:</b>	_____
<b>Service/Customer Address:</b>	_____ _____

### 3. Reason for Filing Claim

--

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Claimant

\_\_\_\_\_  
Date

CFO/Treasurer Approval:       Yes       No

\_\_\_\_\_  
Signature of CFO/Treasurer

\_\_\_\_\_  
Date