



**OAKDALE IRRIGATION DISTRICT  
UNCLAIMED MONEY – CLAIM FORM**

Pursuant to California Government Code Section 50052 the following is submitted:

\_\_\_\_\_  
**Claimant’s Full Name** \_\_\_\_\_  
**Claim Amount**

\_\_\_\_\_  
**Current Address (Street, City, State, Zip Code)**

( ) \_\_\_\_\_  
**Telephone Number**      **Email Address**

Grounds for submission (please attach copies of all supporting documentation, including proof of identification, related to this claim **(do NOT attach originals as the District will destroy 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 the Oakdale Irrigation District to substantiate my claim to money held by the District. I further certify that I have the authority and right to claim and receive payment of said money and hereby release the Oakdale Irrigation District, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to this claim.

\_\_\_\_\_  
Printed Name of Claimant                                  Signature of Claimant                                  Date

**Please submit by:**  
**Mail to:** Oakdale Irrigation District, Finance Department, 1205 East F Street, Oakdale, CA 95361; or  
**Email to:** [billing@oakdaleirrigation.com](mailto:billing@oakdaleirrigation.com)

**For general claim questions or documentation submission please contact:**  
Finance Department at 209-847-0341 or the above email address.

**FOR FINANCE DEPARTMENT ONLY**

Proof of Identity Verified:   
Drivers License   
Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Claim:    Approved                   Rejected                   Reason for Rejection: \_\_\_\_\_  
\_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_