

I, \_\_\_\_\_, do hereby state that I am the legal owner or custodian  
of the Sacramento County Warrant numbered \_\_\_\_\_,  
dated \_\_\_\_\_, in the amount of \_\_\_\_\_.

**the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, Sacramento, California.**

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Payee City, State and Zip code

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) **SS.**

\_\_\_\_\_  
Name of Signer

\_\_\_\_\_  
Signature of Notary Public

**SEND COMPLETED FORM ALONG WITH PROOF OF ADDRESS TO:**  
**COUNTY OF SACRAMENTO, AUDITOR-CONTROLLER,**  
**700 H ST, ROOM 3650, SACRAMENTO, CA 95814**

**Previous Addresses**  
**Please list for last 3 years**

Date From:	Date To:
Street Address:	
City/State/Zip:	

Date From:	Date To:
Street Address:	
City/State/Zip:	

Date From:	Date To:
Street Address:	
City/State/Zip:	

Date From:	Date To:
Street Address:	
City/State/Zip:	

Date From:	Date To:
Street Address:	
City/State/Zip:	