

COUNTY OF SACRAMENTO
UNCLAIMED WARRANT AFFIDAVIT FOR MULTIPLE PAYEES

We, _____, and _____ do hereby
(Name of Signor 1) (Name of Signor 2)

state that we are the legal owners of the Sacramento County Warrant, numbered _____

dated _____, in the amount of _____.

We declare under penalty of perjury that the above information is true and correct to the best of our knowledge. This has been executed on:

the _____ day of _____ 20____, Sacramento, California.

Signature of Payee ()
Telephone

Street Address

City, State and Zip code

Signature of Payee ()
Telephone

Street Address

City, State and Zip code

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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:		