

**COUNTY OF SACRAMENTO**  
**UNCLAIMED WARRANT AFFIDAVIT FOR A BUSINESS**

On behalf of \_\_\_\_\_ as  
(Name of Company, organization or trust)

its \_\_\_\_\_, I hereby state that I, \_\_\_\_\_, am  
(Title of signor) (Full name)

an authorized representative of the Sacramento County Warrant, numbered \_\_\_\_\_

dated \_\_\_\_\_, in the amount of \_\_\_\_\_.

**I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and was executed on:**

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

\_\_\_\_\_  
Signature of Authorized Representative ( ) Telephone

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip code

**THIS AFFIDAVIT MUST BE NOTARIZED IF THE CLAIM AMOUNT IS GREATER THAN \$100.**

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

Subscribed and sworn to (or affirmed) before me on this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by  
Date Month Year

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

Proved to me on the basis of satisfactory evidence to  
be the person who appeared before me.

Affix Notary Seal Above

\_\_\_\_\_  
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**