

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

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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:	