

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

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

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:		