

COUNTY OF SACRAMENTO
UNCLAIMED WARRANT AFFIDAVIT FOR AN INDIVIDUAL

I, _____, do hereby state that I am the legal owner or custodian
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.

Payee Signature

(_____)_____
Payee Telephone

Payee Address

Payee City, State and Zip code

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:		