



**REQUEST FOR UNCLAIMED  
CHECK / DEPOSIT FUNDS**

Pursuant to California Government Code Section 50050, I wish to file a claim for a previously unclaimed check/deposit.

Name Listed:

Contact Name:

Contact Phone Number:

Contact E-mail:

Mailing Address:

Check #:

Amount: \$

Signature:

Date:

---

Submit Claim to:

or

E-Mail Claim to:

City of Upland  
Finance Division  
460 N. Euclid Avenue  
Upland, CA 91786

[finance@ci.upland.ca.us](mailto:finance@ci.upland.ca.us)

\*Please attach all supporting documentation related to your request.