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Auditor-Controller

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OFFICE OF THE AUDITOR-CONTROLLER



675 Texas Street, Suite 2800  
Fairfield, CA 94533-6338  
(707) 784-6280  
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[www.solanocounty.com](http://www.solanocounty.com)

UNCLAIMED MONEY AFFIDAVIT

Warrant #

Issue Date

Amount

The undersigned claimant(s) certifies under penalty of perjury that the claimant is the rightful owner and payee of the unclaimed monies and the person entitled to receive the money set forth in this affidavit. Furthermore, claimant(s) agree to indemnify and hold harmless the County of Solano, its officers, and its employees from any loss resulting from the payment of this claim.

**Each claimant (payee) must sign this affidavit or the claim will be denied and returned.**

Payee Name/Business Name		Driver's License No.
Street Address		City/State/Zip Code
Signature/Date ( <i>Blue Ink only please</i> )		Phone No. or Email Address
<b>If multiple payees:</b>		
Payee Name/Business Name		Driver's License No.
Street Address		City/State/Zip Code
Signature/Date ( <i>Blue Ink only please</i> )		Phone No. or Email Address

**Your signature(s) must be notarized if your claim is \$1,000.00 or greater.**

NOTARY ACKNOWLEDGEMENT:

**Clear Form**

State of California, County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this document and acknowledged to me that he/she executed the same in his/her authorized capacity, that by his/her signature on this document the person, or the entity upon behalf of which the person acted, executed this document. Witness my hand and official seal.

\_\_\_\_\_  
Signature and date (*Blue Ink only please*)

The following check issuance fees will be charged: \$10 for claim amount of \$100 and under; \$20 for claim amount over \$100.

Send completed form, payment,  
and all required documents to:

Solano County Auditor-Controller's Office  
Attn: Gen Acctg/Unclaimed Money  
675 Texas Street, Ste. 2800  
Fairfield, CA 94533-6338

**COUNTY OF SOLANO  
UNCLAIMED MONEY AFFIDAVIT  
FILING INSTRUCTIONS**

Pursuant to California Government Code §29802, any time within two years from the date the original warrant becomes void, the payee or assignee of any warrant which is void as provided by this section may present the warrant to the governing body of the agency on which the warrant was drawn, or declare by affidavit the warrant has been lost, destroyed, and the governing body may by resolution authorize the auditor to draw new warrants within the limitations prescribed by the resolution without prior individual order of the governing body.

Please follow the Claim Process and adhere to the following instructions:

**STEP 1 – Complete all required fields on the Affidavit Form.**

• Warrant number and original issue date	• Amount of warrant
• Payee name or Business name	• Driver's License or ID #
• Street address	• City, State, and Zip Code
• Claimant's signature and date	• Daytime phone number and/or email address

- The bottom portion of the claimant/payee section with the additional payee information is required if the claim includes multiple payees.
- If claim is \$1,000.00 or greater, a Notary Acknowledgement is required.

The [Unclaimed Money listing](#) is posted on the Auditor-Controller's website and contains the warrant information needed to properly complete the form. Please refer to the [listing](#) or, if necessary, email any questions/comments to [Unclaimed Money](#) or call the Auditor-Controller's Office at (707) 784-6280 for assistance.

**Step 2 – Include additional Required Document(s).**

- Individual
  - Copy of current photo identification (e.g., Driver's License, State ID, etc.)
  - If applicable, verification of address if address is different from original mailing address or photo ID (e.g., utility bill, car registration)
- Business
  - Copy of current photo identification for authorized agent signing the form
  - Letter of Authorization on company letterhead with names of officers/officials with authority to sign and claim on behalf of the business
  - If applicable, dissolution articles if business/company is dissolved.

**Step 3 – Include fee payment.**

A check issuance fee will be charged based on the amount of the warrant claim:

- \$10 for claim amount \$100 and under
- \$20 for claim amount over \$100

Please make check payable to Solano County Auditor-Controller's Office.

**Step 4 – Submit the affidavit. Send the signed form, payment and required document(s) to:**

Solano County Auditor-Controller's Office  
Attn: Gen Acct/Unclaimed Money  
675 Texas St., Ste. 2800  
Fairfield, CA 94533-6338

If approved, the Auditor-Controller's Office will issue you a new warrant within 3-4 weeks. Any questions or assistance in completing this form or the status of your affidavit should be directed to the Auditor-Controller's Office at the number reflected above.