

COUNTY OF PLACER

UNCLAIMED WARRANT AFFIDAVIT FOR MULTIPLE PAYEES

We, _____ and _____,
(NAME OF SIGNER) *(NAME OF SIGNER)*

do hereby state that we are the legal owners or custodians of Placer County Warrant No. _____,
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 and
was executed on the _____ day of _____, 20_____, at
_____, _____,
(CITY) *(STATE)*

()	
Payee Signature	Payee Telephone
Payee Address (mailing address)	
Payee City, State and Zip code	

()	
Payee Signature	Payee Telephone
Payee Address (mailing address)	
Payee City, State and Zip code	

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
County of _____) **SS.**

Subscribed and sworn to (or affirmed) before me on this
_____ day of _____, _____, by
Date Month Year

(1) _____
Name of Signer

proved to me on the basis of satisfactory evidence to be the
person who appeared before me, and

(2) _____
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

THIS AFFIDAVIT MUST BE NOTARIZED IF THE CLAIM AMOUNT IS GREATER THAN \$100.

SEND COMPLETED FORM TO: COUNTY OF PLACER, AUDITOR-CONTROLLER, 2970 RICHARDSON DRIVE, AUBURN, CA 95603-2640

The following guidelines will outline who is authorized to sign the Affidavit:

- **Multiple Payees:** If there are multiple payees listed on the warrant, then the [Unclaimed Warrant Affidavit for Multiple Payees](#) must be completed and signed by each payee.