

Inyo County  
Superintendent of Schools  
P.O. Drawer G  
Independence, CA 93526  
760-878-2426  
icsos.us

**UNCLAIMED WARRANT AFFIDAVIT-INDIVIDUAL**

I, the undersigned claimant, hereby state that I am a rightful claimant and base my status as right to file a claim on the following information and documentation. (i.e. Federal, State or Local government identification card, Grant Deed, Court documents, invoices, etc)

(List all attachments) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the following:

Name:
Address:
City,State,Zip:
Telephone No.
Email:
\$ Amount of Claim:

**I affirm under penalty of perjury that the foregoing, and any attached supporting documents are true and correct.**

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

**Return this document and attachments to:  
Inyo County Superintendent of Schools P.O. Drawer G, Independence, CA 93526**

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For office use only

I have verified the amount of unclaimed funds available for this claim to be: \_\_\_\_\_.

I have reviewed this claim with the depositing department: **Yes/No**.

I have determined that this claimant **IS/IS NOT** entitled to the funds.

\_\_\_\_\_  
**Authorized By** \_\_\_\_\_  
**Date**

Publication Date: \_\_\_\_\_ Warrant Processed: \_\_\_\_\_ Warrant Negotiated: \_\_\_\_\_