



# County of Yolo

www.yolocounty.org

DEPARTMENT OF FINANCIAL SERVICES  
PO BOX 1268  
WOODLAND, CA 95776

## UNCLAIMED WARRANT AFFIDAVIT FOR BUSINESS

I, \_\_\_\_\_, do hereby state that I am authorized to make this  
(NAME OF SIGNOR)

statement on behalf of \_\_\_\_\_ as its  
(NAME OF ORGANIZATION, TRUST OR ESTATE)

\_\_\_\_\_ that I am an authorized  
(TITLE OF SIGNOR-IF APPLICABLE)

representative for Yolo County Warrant No. \_\_\_\_\_, 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\_\_\_, at \_\_\_\_\_, California.

\_\_\_\_\_  
Signature of Authorized Representative

( ) \_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address (Please provide proof of address - e.g. Driver's License, Utility Bill or Bank Statement)

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State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) **SS.**

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

\_\_\_\_\_  
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: YOLO COUNTY DEPARTMENT OF FINANCIAL SERVICES, PO BOX 1268, WOODLAND CA 95776.