

Exhibit 2

Scotts Valley Fire Protection District Unclaimed Money - Claim Form

Return completed form to:
Scotts Valley Fire Protection District
7 Erba Lane
Scotts Valley, CA 95066
831.438.0211

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed warrant numbered _____ in the amount of \$ _____ that was published in the Scotts Valley Banner on _____. The grounds on which I file this claim are: _____

Vendor or Individual Name (printed)

Telephone Number

Vendor or Individual Name (signature)

Address

City/State/Zip Code

Note: All reissued warrants are subject to a \$40 reissuance fee.

FOR SCOTTS VALLEY FIRE PROTECTION DISTRICT'S OFFICE ONLY

Name of Payee: _____

Original Warrant No. _____ Warrant Date _____ Warrant Amount _____

Replacement Warrant No. _____ Warrant Date _____ Warrant Amount _____

Proof of Identity Verified: Driver's License _____ Social Security Card _____

Birth Certificate _____

Verified By: _____ Date: _____

Approved By _____ Date: _____