

COUNTY OF SACRAMENTO
UNCLAIMED WARRANT AFFIDAVIT FOR MULTIPLE PAYEES

We, _____ and _____,
(NAME OF SIGNOR) (NAME OF SIGNOR)

do hereby state that we are the legal owners or custodians of Sacramento 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 Sacramento, California.

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Payee Signature	Payee Telephone
Payee Address	
Payee City, State and Zip code	

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

State of _____)
) SS.
 County of _____)

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.