

**CITY OF BURBANK POLICE DEPARTMENT
PROPERTY & EVIDENCE SECTION
UNCLAIMED FUNDS CLAIM FORM**

INSTRUCTIONS

Complete this form in its entirety and submit it to the Burbank Police Department Property & Evidence Section prior to the claim deadline identified in the Notice of Unclaimed Funds. Funds that remain unclaimed after the claim period expires may be transferred to the City in accordance with state law and will no longer be available for claim.

Incomplete forms or insufficient documentation may result in denial of the claim.

Allow up to four weeks for processing after submitting a completed claim form with supporting documentation.

SUBMIT COMPLETED FORMS TO:

Burbank Police Department – Property & Evidence Section
200 North Third Street, Burbank, CA 91502
Phone: (818) 238-3040

CLAIMANT INFORMATION

Full Name: _____

Date of Birth: _____

Driver License / Identification Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

CLAIM INFORMATION

File or Case Number: _____

Amount Claimed: \$_____ Date Funds Were Taken or Booked: _____

Location or Incident Related to Funds: _____

BASIS OF CLAIM

Describe why you are entitled to the funds and provide any supporting details:

**CITY OF BURBANK POLICE DEPARTMENT
PROPERTY & EVIDENCE SECTION
UNCLAIMED FUNDS CLAIM FORM**

SUPPORTING DOCUMENTATION

Please attach copies of any documents supporting ownership or entitlement to the funds, including but not limited to:

- Government-issued identification
- Receipts
- Court documents
- Police reports
- Banking records
- Proof of address
- Notarized authorization (if claiming on behalf of another person)

AUTHORIZED REPRESENTATIVE INFORMATION (Complete only if claiming on behalf of another person). A notarized authorization signed by the claimant must accompany this form.

Representative Name: _____

Relationship to Claimant: _____

Telephone Number: _____

Email Address: _____

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information provided in this claim form and any attached documentation is true and correct to the best of my knowledge.

Claimant Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Date Received _____ Verification Completed By _____

Disposition: Approved Denied By _____ Date _____