



THE METROPOLITAN WATER DISTRICT
OF SOUTHERN CALIFORNIA

Email To: Unclaimedmoney@mwdh2o.com

OR

Mail To:
Metropolitan Water District of Southern California
Attn: Controller - Unclaimed Money
P.O. Box 54153
Los Angeles, CA 90054-0153
Contact # (213) 217-6000

Submission Deadline - **May 16, 2025**

Unclaimed Money Claim Form

Pursuant to California Government Code 50052, I wish to file a claim for unclaimed funds in the amount of \$ _____ published on the Metropolitan Water District of Southern California's website.

- I am the **Payee** listed on your website.
(Please attach a copy of your driver's license and a copy of IRS Form W-9)
- I am an **Heir of the Deceased Payee** listed on your website.
(Please attach a copy of your driver's license, a copy of the IRS Form W-9, AND a copy of the death certificate of the deceased owner)
- I am Agent/Officer for the **Business** listed on your website.
(Please attach copies of documents associating you or the owner with the business and a copy of the entity's IRS Form W-9)
- I am Agent/Officer for the **Government Agency** listed on your website.
(Please attach copies of documents associating you with the Government Agency and a copy of the entity's IRS Form W-9)

The grounds on which this claim is founded:

Last Name

First Name

Service Address

City, State, Zip Code

Current Mailing Address

City, State, Zip Code

Current Telephone Contact No.

Current email address

I hereby certify that the above information is true and correct and is being submitted to the Metropolitan Water District of Southern California (MWD) to substantiate my claim to monies paid to MWD. I further certify that I have the authority and right to claim and receive payment of these monies and hereby release MWD, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to this claim.

Printed Name of Claimant

Signature of Claimant

Date Signed