



FasTrak® Customer Service Center
PO Box 26926
San Francisco, CA 94126
www.bayareafastrak.org
1-877-BAY-TOLL (1-877-229-8655)
Fax 1-415-974-6356

UNCLAIMED PROPERTY CLAIM FORM AND INSTRUCTIONS

This Form is **ONLY** for submitting a claim on an uncashed refund check issued by the Bay Area Toll Authority/FasTrak that has remained unclaimed for more than 3 years and is subject to escheatment to BATA. This form should **NOT** be used for other refund claims.

Instructions:

STEP 1: Fill out the attached form (**Claim Affirmation Form**). When completing the claim forms, please type or print legibly in blue or black ink. Claims that are illegible will be returned. Claims must be made using the Claim Affirmation form.

STEP 2: You must sign the Claim Affirmation Form and have it notarized if your claim is over \$1,000 or your claim will not be processed. Please read all of the instructions and make copies of all required documents (driver's license, etc.). Owners or heirs are required to provide additional documentation to validate their claims.

STEP 3: Each claimant is required to fill out a separate Claim Affirmation Form for each check.

STEP 4: Please send the completed forms along with all the required documents to the address as shown above and keep a copy for your records. Please allow eight (8) weeks to receive a new check. The completed forms may be submitted in person, mail, web or fax.

For additional information or questions, please go to www.bayareafastrak.org/unclaimed_property or call **1-877-229-8655**.

The following is a checklist of the documentation required when sending in your claim:

ORIGINAL OWNER(S) FILING CLAIM

- Completed and signed Claim of Affirmation Form;
- Notarize your Claim of Affirmation Form, if your claim is over \$1000;
- Copy of current photo identification for each claimant;
- Proof associating you with the last address known by the RCSC;
- Proof of name change, if different than on the unclaimed property account, such as marriage certificate or court documents; and
- The original or copy of check, if available.

FILING CLAIM FOR A DECEASED OWNER

- Completed and signed Claim Affirmation Form;
- Notarize your Claim Affirmation Form, if your claim is over \$1000;
- Copy of death certificate of the deceased owner(s) of the funds and death certificate of predeceased spouse, if applicable;
- Copy of current photo identification of claimant;
- The original or copy of check, if available;
- Proof that claimant has the right to file a claim on behalf of deceased; and
- If probate of estate is open and the claimant is claiming by virtue of status as executor or administrator of the estate, the estate tax identification number and a copy of currently Certified Letters Testamentary, dated within 6 months, appointing the claimant as executor or administrator of decedent's estate.

BUSINESS CLAIM

- Completed and signed Claim of Affirmation Form;
- Notarize your Claim of Affirmation Form, if your claim is over \$1000;
- The original or copy of check, if available,
- Letter of Authorization with the names of officers or officials with authority to sign and claim on behalf of the business;
- Copy of current photo identification officer or official making the claim;
- Business card of the authorized officer or official;

- Proof of the business's address that matches the check;
- If your company merged with another company, a copy of the merger agreement; and
- If your company was dissolved, a copy of the articles of dissolution.

CLAIM AFFIRMATION FORM

The undersigned claimant certifies, under penalty of perjury, the claimant has read the claim and knows the contents thereof and the claimant is the owner/authorized owner of said claim and the person entitled to receive the money set forth in said claim.

The claimant agrees to indemnify and hold harmless the Bay Area Toll Authority, and its agents, commissioners, directors, officers, and employees from and against any and all demands, claims, suits or actions arising out of the payment of said claims.

FasTrak Account Number (or if unknown leave it blank):	DATE:	Amount of Claim: \$ _____
First Name or Business Name:	Middle Name:	Last Name:
Day Time Phone Number:		
Complete <u>Current</u> Mailing Address:	(Unit/House No./Street/City/State/Zip Code/Country)	
Previous Mailing Address(es) Within the Last Seven (7) Years, If Any:	(Unit/House No./Street/City/State/Zip Code/Country)	
Address 1		
Address 2		
<i>(Fill out this Section if the Claimant Above is NOT the Property Owner)</i>		
Property Owner's First Name or Business Name:	Middle Name	Last Name
CLAIMANT OR AUTHORIZED AGENT SIGNATURE		
<i>For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or attorney is required.</i>		

CURRENT INFORMATION AND SIGNATURE MUST BE PROVIDED FOR EACH CLAIMANT OR YOUR CLAIM WILL NOT BE PROCESSED

Keep a copy for your records.

NOTE: YOUR SIGNATURE MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____,
20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.

Signature _____ (Seal)

For Office Use Only

Documents Verified By:

CSR ID: _____

CSR Signature: _____ Date: _____ Finance Initial: _____ Date: _____

Approved: _____ Date: _____

Rejected: _____ Date: _____

Reason:

02/09/17