

Exhibit B
City of Richmond
Affidavit of Unclaimed Monies

I, _____, hereby declare that I am the depositor of the unclaimed money, their heir, beneficiary, or duly appointed representative of check number _____, issued by the City of Richmond, in the amount of \$ _____ ("unclaimed monies"), dated _____ and the name of the Payee shown is _____.

Indicate below what happened to the original check— mark on the box and explain.

- () The above check was not received.
- () The above check was destroyed by _____.
- () The above check was lost by me on _____.
- () Other _____.
- () The above check is attached. The check was not cashed within six months and has become stale dated.
- () The above check was not received, deposited, or cashed, however there are no outstanding payments due to me from the City of Richmond.

I have an interest in the unclaimed monies, am entitled to the full amount thereof, request that a replacement check be issued to me, and agree that if the above warrant is received I will promptly return it to the City of Richmond Finance Department.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED AT _____, on DATE _____

Print Name

Daytime Phone Number

Signature

Address

City

State

Zip Code