

Exhibit 1

Scotts Valley Fire Protection District
PUBLIC NOTICE

The following disbursements are unclaimed by the listed payees and held by the County of Santa Cruz Property Tax Fund. If you have a claim against these funds, please check the Scotts Valley Fire Protection District web site at www.scottsvalleyfire.com for instructions and claim forms. If you need additional assistance please call (831) 438-0211. Proper proof of claim and current identification must be provided before funds will be released. Funds not claimed by XXXXX XX, 20XX become the property of the Scotts Valley Fire Protection District. This notice and its contents are in accordance with California Government Code Section 50050.

Name	Amount
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Exhibit 2

Scotts Valley Fire Protection District Unclaimed Money - Claim Form

Return completed form to:
Scotts Valley Fire Protection District
7 Erba Lane
Scotts Valley, CA 95066
831.438.0211

Pursuant to California Government Code Section 50052, I wish to file a claim for a previously unclaimed warrant numbered _____ in the amount of \$ _____ that was published in the Scotts Valley Banner on _____. The grounds on which I file this claim are: _____

Vendor or Individual Name (printed)

Telephone Number

Vendor or Individual Name (signature)

Address

City/State/Zip Code

Note: All reissued warrants are subject to a \$40 reissuance fee.

FOR SCOTTS VALLEY FIRE PROTECTION DISTRICT'S OFFICE ONLY

Name of Payee: _____

Original Warrant No. _____ Warrant Date _____ Warrant Amount _____

Replacement Warrant No. _____ Warrant Date _____ Warrant Amount _____

Proof of Identity Verified: Driver's License _____ Social Security Card _____

Birth Certificate _____

Verified By: _____ Date: _____

Approved By _____ Date: _____

Exhibit 3

Scotts Valley Fire Protection District Money Claim Rejection Form

The Scotts Valley Fire Protection District has rejected the unclaimed property claim of:

Vendor or Individual Name: _____

Address: _____

City/State/Zip Code: _____

Taxpayer I.D. or Social Security No.: _____

Amount: _____ Date: _____

The grounds on which this claim has been rejected are: _____

Under California Government Code Section 50052, you have the right to file a verified complaint seeking to recover all, or a designated part, of the money in a court of competent jurisdiction within Santa Cruz County. A copy of the complaint and the summons issued thereon must be served upon the Fire Chief. The copy of the complaint and summons shall be served within thirty (30) days of receiving this notice of rejection. Upon being served, the Fire Chief will withhold the disputed amount from being released until a decision is rendered by the court.

Fire Chief

Date

Exhibit 4

SCOTTS VALLEY FIRE PROTECTION DISTRICT

RESOLUTION NO. 20XX-X

RESOLUTION TO TRANSFER UNCLAIMED WARRANT FUNDS FROM THEIR RESPECTIVE FUND(S) TO THE GENERAL FUND PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 50050.

WHEREAS, Section 50050 of the California Government Code allows for unclaimed warrants, excluding restitution to victims, held for three (3) years to become the property of the local agency after notice if not claimed or if no verified complaint is filed and served; and

WHEREAS, Section 50050 of the California Government Code outlines the requirements for the notification process of the unclaimed warrants; and

WHEREAS, each of the warrants listed on Exhibit 1 were published once a week for two successive weeks in a local newspaper of general circulation; and

WHEREAS, upon close of business forty-five (45) days after publication, the listed warrants remained unclaimed and can revert to the District; and

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Board of Directors of the Scotts Valley Fire Protection District does hereby transfer the unclaimed warrants on Exhibit 1 attached hereto in the total amount of \$XXXX.XX to the General Fund in accordance with Section 50053 of the California Government Code.

PASSED AND ADOPTED by the Board of Directors of the Scotts Valley Fire Protection District, State of California, this _____ day of _____, 20XX, by the following vote:

AYES:
NOES:
ABSENT:

President of the Board

ATTEST: _____
Secretary of the Board

APPROVED AS TO FORM:

District Counsel

Distribution: Auditor-Controller