

UNCLAIMED PROPERTY

Each year various checks become stale dated if they remain uncashed after six (6) months from the date of issuance. Below is a list of these checks, which remain uncashed as of January 27, 2016. If your name is listed herein, please complete the attached form and submit to the City of Galt Finance Department, 380 Civic Drive, Galt, CA 95632, to claim your property. For questions regarding this list and/or form, contact Rose Rodacker at 209-366-7158. Please provide identification when submitting form. A minimum processing fee of \$16 will be imposed on re-issuance of checks.

Name	Amount	Name	Amount	Name	Amount
Aecom Technical Services, Inc.	\$220.00	Horne, Aaron/Cassie	\$38.88	Regent Toys Inc.	\$56.00
Alcalde, Josephine	\$34.80	Imoos, Fred	\$95.59	Re-Max Gold/M. Corona	\$57.61
Alcoriza, Brittney/Joseph Blodg	\$28.35	Imoos, Fred	\$200.62	Ryan LaRue/Genisis Chamberlain	\$102.55
Anaya, Antonio/Gloria	\$253.40	Imoos, Fred	\$200.62	Sacramento Youth Football Cheer	\$150.00
Baca, Joey	\$275.16	Imoos, Fred	\$200.62	Samkas, Richie	\$33.59
Bakken, Christopher	\$29.83	Jesus Reyna Villa	\$43.00	Simon, Sharon	\$94.94
Ball, Calvin	\$78.93	Johnson, Barbara	\$144.99	Smith, Christopher	\$20.00
Ballard, Ylita	\$151.60	Johnson, Jonathan	\$70.00	Smith, Lisa/Petty, Mack	\$31.56
Blindt, Robert	\$314.93	Johnston, Carol	\$198.43	Stebbins, Suzanne	\$88.00
Bottimore, Cecil/Phyllis	\$210.72	Kelly, Kendall	\$298.49	Stone, Charles	\$46.63
Carter, Daniel	\$42.00	Larondelle, James	\$204.00	The Gathering Place Church	\$52.00
Castro, Christina	\$99.70	Leondro, Jose/Judith Ortiz	\$498.68	Tonn, Jarrett	\$35.79
Chicago Title Co.	\$28.56	Malody, Mike	\$51.50	Tonn, Jarrett	\$42.00
Chicago Title Co.	\$78.45	McGrath, James L	\$201.84	Tonn, Jarrett	\$70.00
Chicago Title Co.	\$23.89	Mercer, Blake	\$24.00	Tonn, Jarrett	\$140.00
Chicago Title Co.	\$90.65	Millan, Elvia	\$268.89	United Laboratories	\$681.68
Cinotti, Patrick Gerald	\$32.05	Mondragon, Lawrence Sr.	\$175.98	Uptegrove, Jim	\$93.28
Correa, Celina/Martin	\$240.71	Mondragon, Lawrence Sr./Ida	\$75.01	Walter, Joanne/Irven	\$415.39
Cub Scout Pack 84	\$150.00	Moore, Kelly L.	\$320.87	Weaver, Jeff	\$35.00
Deutsche Bank c/o Sherman & Assoc/Kathy	\$271.21	Morris, Cindi/Kenneth	\$338.04	Williams, Elmo/Charlotte	\$96.32
DeWitt, Mark/Teresa	\$72.28	Moses, Kenneth	\$90.14	Wilson Trophy Co.	\$35.75
Dial, Tom	\$89.30	Mountain Cascade, Inc.	\$90.00	Young, Anthony	\$31.54
Diaz, Carlos	\$167.38	Newman, Gayle/Ken	\$47.61	Young, Kelly	\$68.10
FedHome Loan Mortgage c/o Cheryl Walmsley	\$23.65	North American Title Co.	\$276.60		
Felipe, Robledo	\$57.41	NTOA - National Tactical Officer Assoc.	\$40.00		
Fidelity National Title Co.	\$666.09	Old Republic Title	\$195.80		
Galt Sunrise Rotary	\$150.00	O'Meara, Marie/Thomas	\$22.50		
Gamayo, Justin Jr.	\$334.94	O'Mera, Marie	\$97.84		
Gann Properties	\$79.02	O'Mera, Marie	\$186.95		
Garcia, Ruben	\$68.06	Orange Coast Title Co.	\$268.37		
Gauding, Annette E./Randy	\$17.57	Parker, John/Esperanza	\$36.96		
Gonzalez, Maria/Victor	\$304.39	Pascua, Donna/Alan	\$31.12		
Gourley, Michelle	\$106.07	Pimentel, Norma	\$379.59		
Granite Ranch Opportunity	\$129.56	Pittman, Wesley	\$70.00		
H&H Affordable Sidewalk Paint	\$30.00	Prudential Calif./L. Hallquist	\$48.10		
Herrera, Dulce	\$299.10	Quick Propane	\$91.75		
Hoffman Land Dev.	\$39.41	Quinonez, Jacqueline/Hubik	\$80.20		



City of Galt
Request For Replacement of
Lost, Stolen or Stale Dated Check

Claimant Name: _____

Address: _____

City/State/Zip: _____

Reason for replacement of check:

Lost Destroyed Stale Dated Other (Explain)

In an effort to recover some of the costs associated with reprocessing a check, all replacement checks are subject to the following fees which will be deducted from the original amount issued.

Fee Schedule:

Lost/Destroyed (original unreturned <\$100)	\$16	Lost/Destroyed (original unreturned >\$100)	\$26
Lost/Destroyed (original returned)	\$16	Stale Dated (check returned <input type="checkbox"/> yes <input type="checkbox"/> no)	\$16
Emergency Check (check will be processed within a 72-hour period)	(in addition to above fee) \$65		

Date Replacement Check Requested:

Next Check Processing Period Emergency Check - Date _____
(Complete Green Form)

Claimant Signature: _____ Date: _____

To be Completed by Finance Staff:

Finance Representative: _____ Date: _____

Comments: _____

Amount of Original Check	\$	
Less Fee	-	(001-0000-412-3420)
Emergency Check (\$65 or n/a)	-	(Attach Green Form)
Amount Replaceable	\$	

Supervisor Approval: _____ Date: _____

*IF SUBMITTING REQUEST BY MAIL, PLEASE PROVIDE PHOTO ID.

ID VERIFIED BY: _____