



FRAZIER PARK PUBLIC UTILITY DISTRICT

P.O. BOX 1525, FRAZIER PARK, CA 93225

TELEPHONE: 661-245-3734 FAX: 661-245-3472

www.frazierparkwater.com



Request for Unclaimed Funds

Full Name/Business Name _____ FPPUD Account # _____

Mailing Address _____ City _____

State _____ Zip Code _____

Phone Number _____

I _____, certify under penalty of perjury that I am the lawful payee, or money set forth in this claim. I agree to indemnify and hold harmless the Frazier Park Public Utility District, its officers, and employees for any loss resulting from the payment of this claim. I understand claim processing may take 4 - 6 weeks.

Signature

Printed Name

Date

****FPPUD Office Use Only****

| | |
|----------------|------------------|
| Date Received: | Amount Approved: |
| GM Approval: | Date Approved: |
| Check # | Check Date: |

***Please attach proof of Claim*