

BUTTE COUNTY TREASURER-TAX COLLECTOR

UNCLAIMED PROPERTY
CLAIM FOR VICTIM RESTITUTION



Date: _____

Owner's Name: _____

Claimant's Name (If different from above): _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ E-mail address: _____

Case Number: _____ Case Name: _____

Claim Amount: _____ Date/Location of Crime: _____

Grounds on which claim is based: _____

Signature: _____

COUNTY USE ONLY

CLAIM:

ACCEPTED
 PROCESSED

DATE OF ACCEPTANCE: _____

DATE PROCESSED: _____

CHECK NUMBER: _____

REJECTED
 REJECTION NOTIFICATION MAILED

DATE OF REJECTION: _____

DATE MAILED: _____

Signature: _____