

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: \_\_\_\_\_