



District of Mission – Finance Department
PO Box 20, 8645 Stave Lake Street, Mission, BC, V2V 4L9 Phone: 604-820-3717 Fax: 604-826-1363

REQUEST FOR PAYMENT OF UNCLAIMED PROPERTY:

Name: _____

Mailing address: _____

Phone number: _____

I would prefer to: Have the cheque mailed to address specified above or as specified below

Address: _____

Pick up the cheque from the Finance Department (you will be notified when it is ready)

Signature of claimant: _____

RETURN THIS FORM TO THE FINANCE DEPT.

Office Use Only:

Date received in office: _____

Reviewed by: _____

Authorized by: _____

Amount to be paid: _____