Exhibit 2

Ben Lomond Fire Protection District
Unclaimed Money - Claim Form

Return completed form to:
Ben Lomond Fire Protection District
9430 Hwy 9
Ben Lomond, CA 95005
831-336-5495

Pursuant to California Government Code Section 50050, I wish to file a claim for a previously unclaimed warrant numbered _____ in the amount of $_____ that was published in the Press Banner on _____. The grounds on which I file this claim are: _____

_____

_____

_____

_____ _____
Vendor or Individual Name (printed) Telephone Number

_____
Vendor or Individual Name (signature)

_____
Address

_____
City/State/Zip Code

Note: All reissued warrants are subject to a $40 reissuance fee.

FOR BEN LOMOND PROTECTION DISTRICT'S OFFICE ONLY

Name of Payee: _____
Original Warrant No. _____ Warrant Date _____ Warrant Amount _____
Replacement Warrant No. _____ Warrant Date_____ Warrant Amount _____
Proof of Identity Verified: Driver's License _____ Social Security Card _____
Birth Certificate_____
Verified By: _____ Date: _____
Approved By _____ Date: _____