



City of Ridgecrest

Finance Division
100 W. California Ave · Ridgecrest · CA · 93555
(760) 499-5020 Fax (760) 499-1520
www.ci.ridgecrest.ca.us

Property Claim Form

Date: _____
Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Original Owner: _____

Property Requested: (Please be specific as possible)

Please read and check both statements below:

- I hereby certify that I am the legal owner of the above property.
- I have no knowledge of any other challenges to the above property.

Signature of claimant: _____ Date: _____

Finance Division Use only

Original check #: _____ Original date: _____
Verified by: _____ Date: _____
Reissued on: _____ Check #: _____