



STATE OF CALIFORNIA

Department of Financial Protection and Innovation

GOVERNOR **Gavin Newsom** • COMMISSIONER **Clothilde V. Hewlett**

In Reply Refer to:
File No: 963-2116

INTEGRITY ESCROW, INC.
CLAIM FORM

**Return the claim form and supporting documents
to the Department of Financial Protection and Innovation
on or before December 24, 2024**

Date: _____

Escrow Number, Check Number, or Other Reference Number (please specify):

Dollar Amount Claimed (Do not include interest): \$ _____

Name of person(s) or company making claim: _____

The mailing address of the person(s) or company making the claim:

The telephone number you can be reached at: _____

Basis for the claim (attach copies of all pertinent documents, such as escrow instructions, closing statement, copy of check, etc.):

I hereby certify under penalty of perjury under the laws of the State of California that this information is accurate and correct.

Date

Print Name

Signature

Return this form and supporting documents on or before December 24, 2024, to:
Department of Financial Protection and Innovations
Kitlin Chan-ESC, Conservator for Integrity Escrow, Inc.
320 W. 4th Street, Suite 750
Los Angeles, CA 90013-2344