

DO NOT FAX

Richard H. Jeffrey

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Erie County Auditor
 247 Columbus Avenue #210
 Sandusky, OH 44870
 419-627-7746

The undersigned makes claim to Unclaimed Funds now in the custody of the Erie County Auditor's Office in the amount and kind as specified below, pursuant to Chapter 9.39 of the Ohio Revised Code.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED WITH PROOF OF CLAIM AND A COPY OF A VALID PHOTO ID.

Failure to do so will delay processing of the claim. The Auditor's Office may contact you if any other information is needed before processing the claim. A bank stop payment fee of \$33.00 may be subtracted from all claims. Claims are generally processed within 10 business days.

PLEASE PRINT OF TYPE

Amount of Unclaimed Funds	Agency Code	Auditor's Use Only
\$		
Owner of the Unclaimed Funds		
Owner's Address		
Owner's Phone Number	Owner's Tax ID or Social Security #	
Signature of Owner	Date	
X		

Are you the rightful owner of these funds? _____ YES _____ NO

If no, are you a professional finder? (If yes, an original Power of Attorney is required). _____ YES _____ NO

Claimant's Name:

Claimant's Address & Phone Number:

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Under penalties of perjury, I certify that the information provided on this claim form is true and correct and all supporting documents presented (if available) are original or true unaltered copies of the original documents. I also certify that I have a legal or equitable interest in the funds and will indemnify and save harmless Erie County, Ohio, and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant.

(If claiming on behalf of a business, print and sign both YOUR name and the business name below).

X Claimant's Signature _____ Date _____

Please PRINT or TYPE Claimant's Name _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____

 Notary Public Signature

 Term Expires