# ANITA LOPEZ
# LUCAS COUNTY AUDITOR

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Phone: (419) 213-4296


Reset Form

*Do Not Fax*

## UNCLAIMED FUNDS CLAIM FORM

Please mail completed/signed and notarized form to: ATTN: Unclaimed Funds

Please type or print clearly. This form must be filled out completely and submitted with all documentation. For **individuals**: Copy of Social Security card AND driver's license or State ID. For **businesses and other entities**: Copy of the front of the tax return (or a document indicating the Federal Identification Number) AND documentation indicating that the individual signing the form is an authorized agent of the corporation (legal documents, company letterhead, and/or a business card). Attach original check(s) if available. Failure to do so will delay processing of the claim. Claims are usually processed within 15 business days.

| Amount of Unclaimed Funds | Original Check Number | Original Check Issue Date |
|---|---|---|
| | | |

| | | | | | |
|---|---|---|---|---|---|
| Name of Claimant(s) | | | | | |
| Current Address | | | | | |
| City | | State | | Zip Code | |
| Phone # | | Claimant's Social Security or Tax ID Number | | | |

I am the original claimant authorizing a professional finder to claim these funds on my behalf. ◯ Yes ◯ No

**THIS SECTION TO BE COMPLETED BY PROFESSIONAL FINDERS ONLY**

If you are a professional finder, you must present a valid contract with the claim before the payment is issued. If indicated below, the check can be sent to you in the name of the payee.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Professional Finder's Name | | | | | | | |
| Address | | | | | | | |
| City | | State | | Zip Code | | Phone # | |

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

Under penalties of perjury, I certify that the information provided on this claim form is accurate and correct and all supporting documents presented are original or unaltered copies of the original documents; and that the claim is valid and unpaid. I also certify that I have a legal or equitable interest in the unclaimed funds requested and will indemnify and hold harmless Lucas County, Ohio and its employees from any damages, claims, losses, expenses and/or costs of any kind or manner resulting from payment of the above described funds.

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

Claimant's Signature(s) _____ Date

Print or Type Claimant's Name(s)

State of County of

Subscribed and sworn before me this day of , 20

*NOTARY SEAL*

Notary Signature _____

Print Form