



UNCLAIMED FUNDS REQUEST FORM

Jerri A. Miller
 Sandusky County Auditor
 100 N Park Ave. Room 107
 Fremont, OH 43420

The undersigned makes claim to Unclaimed Funds now in the custody of the Sandusky County Auditor's Office pursuant to section 9.39 of the Ohio Revised Code.

IN ORDER FOR THIS CLAIM TO BE PROCESSED, THIS FORM MUST BE COMPLETED AND SUBMITTED WITH PROOF OF CLAIM AND A COPY OF A VALID PHOTO ID.

Check Payable To:	Check Number:	Check Date:
Street Address:	Amount:	
City, State, Zip:	Issuing Department:	Auditor's Use Only:
Claimant's Phone Number:	Claimant's Tax ID or Social Security Number:	
Signature of Claimant:	Date:	

Are you the rightful owner of these funds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, are you a paid professional finder? If yes, please attach an original Power of Attorney.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Professional Finder Name, Address & Phone #:				

I certify under penalty of perjury that the above information is true and correct and that I have not at any time received payment on this warrant or any other warrant for payment of this claim. I also certify that I have legal or equitable interest in the funds and will indemnify and hold harmless Sandusky County, Ohio, and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to the claimant. (If claiming of behalf of a business, print and sign both your name and the business name below.)

Signature of Claimant:	Date subscribed and sworn to Notary Public:
Printed Name of Claimant:	
STATE OF: _____ } COUNTY OF: _____ } SS:	
Subscribed and sworn to before me, a Notary Public, in and for said County and State, this _____ day of _____, 20_____.	
Signature of Notary Public:	County of Residence:
Printed or Typed Name of Notary Public:	Date Commission Expires: