

DO NOT FAX

Carroll County Auditor
LYNN FAIRCLOUGH

DO NOT FAX

119 S. Lisbon Street, Suite 203, Carrollton, Ohio 44615
(330) 627-5122

The undersigned makes claim to Unclaimed Funds now in the custody of the Carroll 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 FILLED OUT IN ITS ENTIRETY AND SUBMITTED WITH PROOF OF CLAIM.
FAILURE TO DO SO WILL DELAY PROCESSING OF THE CLAIM.
CLAIMS ARE USUALLY PROCESSED WITHIN 10 BUSINESS DAYS.**

PLEASE PRINT OR TYPE

Amount of Unclaimed Funds \$	Agency Code	DEPARTMENTAL USE ONLY
Owner of the Funds		
Owner's Street Address, City, State, Zip		
Owner's Phone Number	Owner's Social Security Number or Tax ID#	
() —	— —	
Owner's Signature X		Date

Are you the owner of these funds? (If yes, skip this section)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a professional finder? (If yes, an original Power of Attorney is required.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Claimant's Name			
Claimant's Address, City, State, Zip		Claimant's 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 are original or true unaltered copies of the original documents. I also certify that I have a legal or equitable interest in the Unclaimed Funds and will indemnify and save harmless Carroll 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 _____, 20 _____

Notary Seal

Notary Public Signature