



UNCLAIMED FUNDS CLAIM FORM

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

PLEASE PRINT OR TYPE

Amount of Unclaimed Funds \$	Agency Code
Name of the Owner of the Funds	
Owner's Current Street Address, City, State, Zip	
Owner's Email Address	
Owner's Phone Number () -	Owner's Social Security Number (optional for claims under \$500.00) or Tax ID#

Are you the owner of these funds? (If yes, skip this section) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Claimant's Name	Claimant's Phone Number
Claimant's Address, City, State, Zip	
Claimant's Email Address	

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 Franklin County, Ohio, and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant.

Signature _____ Date _____

Please PRINT or TYPE Name _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20__

Notary Seal

Notary Public Signature

Proof of Claim Requirements

Individual Owners

- Personal identification which may include, Driver's License, State ID, or Passport
- Social Security Card (optional for claims under \$500.00)
- Attorney's only*: Ohio Supreme Court Attorney registration number

Joint Owners

- Claim form signed by all parties
- Personal identification for all parties
- Social Security Card for all parties (optional for claims under \$500.00)

Custodian or Guardian of Individual Owner

- Personal identification of owner & claimant
- Social Security Card of owner (optional for claims under \$500.00)
- Legal document(s) declaring claimant is the guardian or custodian

Deceased Owner

- Personal identification of claimant
- Death Certificate
- Letter of Authority appointing claimant as executor or administrator of original owner's estate

Business

- Verification of owner's taxpayer identification number which may include an SS4, 1099, or tax return
- Proof of authority to claim funds on behalf of the business such as a corporate resolution or affidavit from a senior officer

Professional Finder

- Proof of claim requirements for type of claim; please see applicable list
- Personal identification
- Original, notarized Power of Attorney (POA) that includes the owner's name, current address, phone number, and dollar value of the claim
 - If the POA assigns authority to a business, the individual signing the claim form will need to supply proof of authority to sign on behalf of the business

No proof of claim is required if the original warrant is returned with a completed claim form and no address or name changes are necessary.

All notarized or legal documents submitted must be originals or original certified copies. Claim forms and proof of claim may not be submitted by fax or email.

Legal documents provided must be in full effect and dated within two years of filing the claim.

Legal counsel or the services of a professional finder are not required to claim your funds. In addition, there is no fee to submit your claim nor is interest paid on any funds released.

You may be contacted to provide additional documentation such as proof of residency at reported address.

Please mail completed claim form and proof of claim to:

Attention Unclaimed Funds
Franklin County Auditor
373 S. High St. Fl 21
Columbus OH 43215-6310