



JULIE A. ADKINS
SENECA COUNTY AUDITOR
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The undersigned makes claim to Unclaimed Funds now in the custody of the Seneca County Auditor's office in the amount 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

MUST ATTACH COPY OF PICTURE ID

PLEASE TYPE OR PRINT

Amount of Unclaimed Funds \$ _____

Owner of Funds _____

Owner's Street Address, City, State, Zip _____

Owner's Phone Number _____ Owner's Social Security or Tax ID# _____

Are you the owner of these funds? (if yes, skip this section) Yes _____ No _____

Are you a professional finder? (If yes, an original Power of Attorney is required) Yes _____ 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 the legal or equitable interest in the Unclaimed Funds and will indemnify and save harmless Seneca 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.)

Claimant's Signature _____ Date _____

Print or Type Claimant's Name _____

State of _____ County of _____

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

My Commission Expires: _____ Notary Public: _____