



**Jill A. Davidson**  
Athens County Auditor

**Request for Unclaimed Funds**

<b>Amount Of Unclaimed Funds (Written):</b>	<b>Amount of Unclaimed Funds (\$#)</b>
<b>Owner Of The Funds:</b>	
<b>Owner's Street Address, City, Zip Code:</b>	
<b>Owner's Phone Number:</b>	<b>Owner's Social Security # or Tax ID #</b>
<b>Owner's Signature:</b>	<b>Date:</b>

**\*THIS FORM MUST BE SIGNED IN THE PRESENCE OF DEPUTY AUDITOR OF THIS OFFICE, OR A NOTARY PUBLIC**

The Claimant, signed above, being first duly cautioned that he or she is the only lawful person, who is justly entitled to said claim, and said amount has been deposited into the county treasury, and that said claimant be paid aforesaid amount, as evidence by said claim.

Check will be payable to the Owner of the funds, and will be processed within 30 business days and mailed to address as stated above.

Driver's license or State ID is required. If the owner is a business, a copy of a document showing the company name and Tax ID is required along with documentation proving the individual signing the form is an authorized agent of said business.

If you are claiming on behalf of a business, please print and sign your name in the boxes below.

<b>Print Name</b>	<b>Sign Name</b>

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Notary Public Signature

