



Charles E. Walder

Geauga County Auditor

The undersigned makes claim to Unclaimed Funds currently in custody of the Geauga County Auditor's Office, pursuant to Chapter 9.39 of the Ohio Revised Code.

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY AND SUBMITTED WITH THE NECESSARY ATTACHMENTS. FAILURE TO DO SO WILL DELAY THE PROCESSING OF THE CLAIM. PLEASE SEE FAQ FOR DETAILS.

PLEASE PRINT OR TYPE

OWNER OF THE FUNDS

CLAIMANT'S NAME

OWNER'S ADDRESS

CLAIMANT'S ADDRESS

OWNER'S PHONE NUMBER

CLAIMANT'S PHONE NUMBER

OWNER'S SOCIAL SECURITY NUMBER OR TAX ID

ARE YOU THE ORIGINAL OWNER OF THESE FUNDS?
<input type="checkbox"/> YES <input type="checkbox"/> NO

AMOUNT OF THE UNCLAIMED FUNDS

ARE YOU A PAID PROFESSIONAL FINDER?
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, a Power of Attorney is required)

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 legal or equitable interest in the Unclaimed Funds.

Claimant Signature _____ Date _____

State of _____ County of _____

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

Revised 04/03/18

Notary Public Signature

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