



Allen County Auditor - Rhonda Eddy  
 Attn Unclaimed Funds  
 301 N. Main St.  
 Lima, Ohio 45801  
 Phone 419-228-3700

The undersigned makes claim to Unclaimed Funds now in the custody of the Allen 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.**

Amount of Unclaimed Funds		Check type	AUDITOR'S USE ONLY
\$			
Owner of the Funds			
Owner's Street Address, City, State, Zip			
Owner's Phone Number		Social Security Number or Tax ID#	
Owner's Signature			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 equitable interest in the Unclaimed Funds and will indemnify and save harmless Allen 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 \_\_\_\_\_

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