



City Of Dover

Auditor's Office

122 EAST THIRD STREET, DOVER, OHIO 44622

(330) 343-6385

Nicole L. Stoldt, Auditor
E-mail: nicole.stoldt@doverohio.com

Fax (330) 343-2775

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

Please attach the following to this form:

- A clear photocopy of a document with the original owner's name and Social Security Number on it, such as the Social Security card, driver's license or State of Ohio ID is **REQUIRED FOR ALL CLAIMS** (NOTE: The Social Security Number will be held in the strictest confidence and used only to establish rightful ownership of the unclaimed funds.)
- The original check(s) IF AVAILABLE
- A Power of Attorney signed by the original owner or copies of the death certificate and letter of authority naming the executor of the estate IF THE CLAIMANT IS NOT THE ORIGINAL OWNER. (NOTE: The City of Dover Auditor's Office reserves the right to contact the original payee directly to confirm a Power of Attorney.)

PLEASE PRINT OR TYPE

Original Owner of the Funds		Claimant's Name
Original Owner's Address		Claimant's Address
Original Owner's Phone Number		Claimant's Phone Number
Original Owner's Social Security Number		Are you the original owner of these funds?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount and Kind of Unclaimed Funds		Are you a paid professional finder? (If yes, a Power of Attorney is required)
Amount \$	Department issuing:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reverse side must be completed



TREE CITY USA

Please explain why you feel you are legally entitled to claim these monies:

This form must be filled out in its entirety and submitted with attachment(s). Failure to do so will delay processing of the claim.

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 City of Dover, 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.)

X Claimant Signature _____ Date _____

State of _____ County of _____

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

Notary of Public Signature

