



# Unclaimed Funds Claim Form

---

Owner of Fund's Name:	Owner is: <input type="checkbox"/> Me <input type="checkbox"/> Someone Else
Owner's Date of Birth:	Owner's Social Security Number:
Your Name (if not owner):	City:
Street Address:	State / Zip Code:
Daytime Phone Number:	Would you prefer check to be: <b>MAILED / PICKED UP</b>
Amount of Claim(s):	Case Number / Identification Number:

Under penalties of perjury, I certify that the information provided on this claim is true and I am the owner of the funds. In consideration of the issuing of a check for unclaimed funds, I hereby agree to indemnify the County of Milwaukee against any loss which it might sustain as a result of the payment.

Signature: \_\_\_\_\_  
(must be notarized)

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn on oath deposes and says that \_\_\_ he is the person who signed the above statement that \_\_\_ he has read the same and knows the contents thereof, and that the same is true of h\_\_ own knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public, County of \_\_\_\_\_, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Seal Required**

(See reverse side for complete instructions)