

Knox County Auditor – Sarah Thorne
117 East High Street, Suite #120
Mount Vernon, Ohio 43050
740-393-6750

The undersigned makes claim to Unclaimed Funds now in the custody of the Knox County Auditor’s Office in the amount specified below, pursuant to Chapter 9.39 of the Ohio Revised Code.

**THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY AND SUBMITTED
FAILURE TO DO SO WILL DELAY PROCESSING OF THE CLAIM.
CLAIMS ARE USUALLY PROCESSED WITHIN 10 BUSINESS DAYS**

MUST ATTACH COPY OF PICTURE ID

PLEASE TYPE OR PRINT

Amount of Unclaimed Funds \$ _____

Owner of Funds _____

Owner’s Street Address, City, State, Zip _____

Owner’s Phone Number _____ Owner’s Social Security or Tax ID# _____

Are you the owner of these funds? (If yes, skip this section) Yes ___ No ___

Are you a professional finder? (If yes, an original Power of Attorney is required) Yes ___ 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 or equitable interest in the Unclaimed Funds and will indemnify and save harmless Knox County, Ohio, and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant.

Claimant’s Signature _____ Date _____

Print or Type Claimant’s Name _____

State of _____ County of _____

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

Notary Public Signature