



Date: _____

Check Number: _____

UNCLAIMED PROPERTY CLAIM FORM

Name of person or company filing claim

Federal Tax ID

Co-Claimant (if applicable)

Federal Tax ID

Current mailing address (address to which you want the check sent)

PLEASE CHECK APPROPRIATE BOX AND ATTACH IDENTIFICATION

- 1. If original check was payable to an individual please see ACCEPTABLE FORMS OF IDENTIFICATION below. If the original check was payable to a company please see ITEM 4 and ACCEPTABLE FORMS OF IDENTIFICATION. Please refer to attached letter.
- 2. Are you the heir or surviving spouse of the owner/owners of this account? If you answered yes please attach a copy of the death certificate and will, obituary or notarized list of surviving heirs with their addresses and please attach photocopies of two different forms of identification for yourself and co-claimant. See below for acceptable forms of identification.
- 3. Are you the guardian, executor or administrator of or for the owner/owners of this account? If you answered yes please attach copy of legal document supporting such authority (i.e power of attorney court document, birth certificate for owner if the owner is a minor) and please attach photocopies of two different forms of identification for yourself and co-claimant. See below for acceptable forms of identification.
- 4. Are you the officer or other company official claiming on behalf of a corporation, partnership, sole partnership, professional association, non-profit organization, or private organization? If you answered yes please attach a copy of corporate resolution or other document verifying your authority (i.e. transaction privilege license, partnership agreement, proof of DBA or notarized affidavit signed by a financial officer).

ACCEPTABLE FORMS OF IDENTIFICATION: Photocopy of TWO of the following items: driver's license, military ID, passport, social security card, voter registration, pay stub, birth certificate, etc. At least one form submitted must be a picture ID.

DISCLAIMER: I agree that if for any reason it's found that I'm not entitled to this payment or I receive a duplicate payment, I will return the funds to Anne Arundel County Government.

Signature of person filing claim

Phone Number

Date

Signature of Co-claimant (if any)

Phone Number

Date