

**PICKAWAY COUNTY AUDITOR**

**BRAD WASHBURN**

ATTN: Unclaimed Funds  
110 Island Road, Suite F  
Circleville, Ohio 43113

DO NOT FAX

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The undersigned makes claim to Unclaimed Funds now in the custody of the Pickaway 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 THE PROCESSING OF THIS CLAIM.  
CLAIMS ARE USUALLY PROCESSED WITHIN 30 BUSINESS DAYS.**

**PLEASE PRINT OR TYPE**

Amount of Unclaimed Funds	AUDITOR'S USE ONLY
\$	
Owner of the Funds	
Owner's Street Address, City, State, Zip	
Owner's Phone Number	Owner's Social Security Number or Tax ID#
Owner's Signature	Date

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 Pickaway 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.)

X 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