# UNCLAIMED CHECK AFFIDAVIT

## FOR UNCLAIMED CHECKS DATED 2006

**Before information can be obtained concerning reported unclaimed property, there must be a valid proven interest in the property. To allow us to process your inquiry, please provide, (1) a Federal ID # for payment to a business, or (2) your Social Security # and a copy of your driver's license for payment to an individual, and (3) provide the following information:**

**PLEASE PRINT:**

I, _____, the _____
Name of authorized signor for listed owner — Relationship to listed owner (ie. owner, beneficiary, surviving spouse, etc.)

hereby affirm that the following check(s) issued to_____ was/(were) lost, destroyed or never received.
Listed owner (exactly as it appears in the notice)

| Check # | Date | Written Amount |
|---|---|---|
| _____ | _____ | _____($_____) |
| _____ | _____ | _____($_____) |
| _____ | _____ | _____($_____) |

Old Address (required):_____ New Address:_____

_____ _____

_____ _____

_____ _____

Federal ID Number (business) _____ (or) Social Security Number_____

_____ _____ _____
Signature of Original Payee or Authorized Signor — Daytime Telephone — Date

Notary:

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

_____

Notary Public — Notary Seal

Upon review of your claim we may ask for additional information. To save processing time, please attach to your claim copies of any documentation that verifies your relationship to the listed owner.

Internal Use Only – Do not write below this line.

| Receipt and Processing: | Treasurer's Office: | Reissue: |
|---|---|---|
| Date Received:_____ | Date Received_____ | Date Received_____ |
| Received by:_____Ext_____ | Stop Payment Issue Date_____Intials_____ | Received by_____Ext_____ |
| AP BU/Voucher #_____ | Forwarded to (Dept)_____ | Reissued Check#_____Date_____ |
| Bank Code:_____Check #_____ | Forwarded Date_____ | Date mailed to payee_____Initials_____ |
| PS Business Unit_____ | | |