

Do Not Fax



Mahoning County Auditor – Ralph T. Meacham

Fiscal Services Division – ATTN Unclaimed Funds
120 Market Street, Youngstown, Ohio 44503
330-740-2010

The undersigned makes claim to Unclaimed Funds now in the custody of the Mahoning 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 PROCESSING OF THE CLAIM. CLAIMS ARE USUALLY PROCESSED WITHIN 10 DAYS OF THE AUTHORIZATION BY THE ORIGINATING AGENCY.

PLEASE PRINT OR TYPE

Form with fields: Amount of Unclaimed Funds, Pay In Number, Court Case Number, Owner of the Funds, Owner's Phone Number, Owner's Street Address, Owner's City, State, Zip, Driver's License or State ID Number, Social Security or Tax ID Number.

Form with fields: Are you the owner of these funds?, Are you a professional finder?, Claimant's Name, Claimant's Phone Number, Claimant's Street Address, Claimant's City, State, Zip.

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 Mahoning 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 Owner's Signature Date
X Claimant's Signature Date
Please PRINT or TYPE Name
State of County of
Subscribed and sworn to before me this Day of , 20
Notary Public Signature

Notary Seal