



Date: _____

AFFIDAVIT OF OWNERSHIP OF UNCLAIMED FUNDS

Amount: \$ _____

YEAR: _____

CLAIMANT #1

Name (Please Print)

Mailing Address

City, State, Zip

Telephone Number

CLAIMANT #2 (if needed)

Name (Please Print)

Mailing Address

City, State, Zip

Telephone Number

I do hereby swear that I am the lawful owner(s) of this money and am lawfully entitled to claim it from this Racine County Municipal or Department Office.

Signature(s) - Sign in front of Municipal or Department Officer Witness or Notary Public

X _____
Claimant's Signature

X _____
Claimant's Signature

To Be Completed by Office witness:

Proof of Identity:

#1 _____

#2 _____

Receipt Acknowledged by

To Be Completed by Notary:

State of _____

County of _____

This instrument was acknowledged and
Sworn before me on _____

By _____

Signature of Notary Public

Notary Public

My Commission Expires _____

(Seal)