



UNCLAIMED CHECK AFFIDAVIT

Before information can be obtained concerning reported unclaimed property, there must be a valid proven interest in the property.

PLEASE PRINT:

I, _____, the _____
Name of Signor for listed owner Relationship to listed owner (ie, Owner, beneficiary, surviving spouse, etc.)

hereby affirm that the following check was never received, or was subsequently lost or destroyed.

Check #	Date	Amount	(\$ _____)
_____	_____	_____	

Old Address:	New Address:
_____	_____
_____	_____
_____	_____

Required for New Address:

Federal ID Number _____
(business)

(or) Social Security Number _____
(individual)

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:	Utilities:
Date Received: _____	Date Received _____	Date Received _____
Received by: _____ Ext _____	Stop Payment Issue Date _____ Intials _____	SSN/FEI verified by _____ Ext _____
AP BU/Voucher # _____	Forwarded to (Dept) _____	Customer Account# _____
Bank Code: _____ Vendor # _____	Forwarded Date _____	Date returned to ASD _____
PS Business Unit _____		