

Please copy proof of government issued identification (i.e. Driver's License) in the space above.

I _____ hereby claim _____ (list check type & amount) referred to on the Martin County Clerk of the Circuit Court's website or other source. I certify that (circle one) I am the person to whom these funds are due / I represent the entity to whom these funds belong.

PLEASE NOTE: Change of address is required if current mailing address is different from address on the unclaimed check.

Change of address _____ Yes _____ No ~ If yes, complete the address fields below:

Address unclaimed check was issued to:



Attach a copy of a document (i.e. utility bill, bank statement, government issued letter, etc.) showing this address. Please black out bank account or credit card numbers.

New address:



This address must match the address on the photo identification copied above for individuals or the business letterhead for business claims.

Current phone number: _____

Signature

Taxpayer ID # : _____
(For businesses)

Date

Below is to be completed by Notary Public or Deputy Clerk

State of Florida
County of Martin

Sworn to (or affirmed) before me this _____ day
of _____, by _____ who
has produced _____ as
identification.

(seal above)

(Signature) Deputy Clerk/Notary Public

Name, typed or printed