

Filing Instructions

On the request for unclaimed funds the following fields must be filled in completely in order to process your claim:

- Amount of the check
- Date of the check
- Payee Full Name/Business Name
- Social Security No./Taxpayer I.D. (Optional)
- Street Address, City, State, Zip, Country
- Daytime Phone Number
- Claimant or Authorized Agent Signature
- Date signed
- Address of Residence previous 3 years

Also, if you are filing a claim for which there are multiple payees on the check, please note that each payee must sign the claim form and submit the required documentation.

In addition, your signature WILL need to be notarized if your claim exceeds \$250.00.

You must also provide the following documentation to our office when filing your claim:

Individuals

- A copy of current photo identification for each claimant
- Verification of address, if mailing address is different from original mailing address or photo identification
- If the claimant is deceased, please submit a death certificate and a short certificate verifying executor information
- If the name of the owner has legally changed, please provide documentation of the name change
- If you have a legal representative, such as an attorney, power of attorney, trustee or guardian, provide documentation authorizing the representative to act on your behalf and to receive information regarding the claim

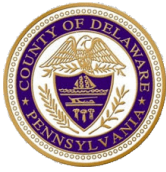
Business

- Copy of current photo identification for the authorized agent signing the form
- Letter of Authorization on Company letterhead with the names of officers or officials with authority to sign and claim on behalf of the business
- If your company merged with or was acquired by another company, a copy of the merger agreement, assignment or other document evidencing the right of the successor company to the asset;
- If your company was dissolved, a copy of the articles of dissolution;

Mail the completed claim form and documents to the following address:

**County of Delaware
Louis F. Rosenthal, Controller
Attn. Jeffrey Powers, First Deputy Controller
201 W. Front St.
Media, PA 19063**

When our office receives your completed claim form, we will review it carefully. If the documentation is not adequate to prove your ownership or a subsequent payment has been processed, our office will contact you or return all documents submitted, with a letter stating why the claim is incomplete or being denied. Please allow 4-6 weeks processing time. If you have any questions, please contact our office at 610-891-5159.



COUNTY OF DELAWARE

REQUEST FOR UNCLAIMED FUNDS

CHECK DATE	CHECK AMOUNT
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Each of the undersigned claimants certifies under penalty of perjury that the claimant is the owner of said unclaimed property and the person entitled to receive the money set forth in the claim. Furthermore, each claimant agrees to indemnify and hold harmless County of Delaware, its officers, and its employees from any loss resulting from the payment of this claim.

EACH CLAIMANT (PAYEE) MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED

PAYEE FULL NAME / BUSINESS NAME		SOCIAL SECURITY NO. / TAXPAYER I.D. (OPTIONAL)		
STREET ADDRESS	CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE

PAYEE FULL NAME / BUSINESS NAME		SOCIAL SECURITY NO. / TAXPAYER I.D. (OPTIONAL).		
STREET ADDRESS	CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE

YOUR SIGNATURE (S) MUST BE NOTARIZED IF THE CLAIM IS OVER \$250

Subscribed and sworn before me this _____ day of _____ year of _____	
_____ Notary Public in and for	
The County of _____, State of _____	

Send completed affirmation to:

County of Delaware
Louis F. Rosenthal, Controller
Attn. Jeffrey Powers, First Deputy Controller
201 W. Front St.
Media, PA 19063

Previous Addresses
Please list last 3 years

Name: _____

Date from:	Date to:		
STREET ADDRESS	CITY	STATE	ZIP
Date from:	Date to:		
STREET ADDRESS	CITY	STATE	ZIP
Date from:	Date to:		
STREET ADDRESS	CITY	STATE	ZIP
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STREET ADDRESS	CITY	STATE	ZIP
Date from:	Date to:		
STREET ADDRESS	CITY	STATE	ZIP