



Bath Local School District  
 Treasurer's Office  
 2650 Bible Rd.  
 Lima, OH 45801  
 419-221-0807 x 6150  
 Email: thompsonc@bathwildcats.org

## UNCLAIMED FUNDS APPLICATION

*This form must be filled out in its entirety for proof of claim unless the original check is returned to Bath for a replacement check to be reissued to the original name and address on file. Claims are usually processed within 30 business days upon receipt of the proper identification. See instructions below.*

### Unclaimed Funds Instructions

1. **Personal Identification** is required on all claims. ID may include driver's license, state ID, or passport.
2. **Proof of Reported Address** - Utility bill, bank statement, tax records, mortgage/rent records, or post marked envelope.
3. **Unclaimed Funds Application** must be signed, notarized, and returned with copies of documentation (1 and 2 above) for reissue.

Claimant Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Are you the original owner?  Yes  No *(If your response is no, please answer the below two questions.)*

1. What is your relationship to the owner? \_\_\_\_\_
2. What is the reason for claiming funds on behalf of the owner?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am claiming a warrant for the following unclaimed funds check:

Date of warrant: \_\_\_\_\_ Amount of warrant: \_\_\_\_\_

Describe reason warrant was not received or was not cashed within 90 days upon receipt:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 equitable interest in the Unclaimed Funds and will indemnify and save harmless Bath Local School District and its employees from any damages, claims, or losses of any kind resulting from payment of the above described funds to claimant.

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Claimant \_\_\_\_\_

Sworn to and subscribed before me the \_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

Notary Signature \_\_\_\_\_

NOTARY SEAL

State of \_\_\_\_\_ County of \_\_\_\_\_

### Treasurer's Office Use Only

Original Warrant Number _____	Reissue Warrant Number _____
Original Issue Date _____	Reissue Warrant Date _____
Warrant Amount _____	Reissue Warrant Amount _____