



Osceola County Clerk of Circuit Court & Comptroller

UNCLAIMED FUNDS CLAIM FORM

Please type or print clearly.

This form must be filled out completely and submitted with all documentation. (See Filing Instructions)

Amount of Unclaimed Funds	Original Check Number(s)	Original Check Issue Date(s)

If more than one check is being requested, please attach list with amount, check number and check issue date

Owner of Funds	
Owner's Address, City, State, Zip	Owner's Phone Number
If Individual, Last Four Digits of Social Security Number	
If Business, Tax ID	

Owner's Signature	Date

Are you the owner of these funds?	☐ Yes	☐ No**
<i>**If No, original notarized Power of Attorney is Required.</i>		

Claimant's Name	
Claimant's Address, City, State, Zip	Claimant's Phone Number

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 or equitable interest in the Unclaimed Funds and will indemnify and save harmless Osceola County Clerk of Courts, Osceola County, Florida, and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant. If I should come into possession of the original check(s), that I will return them to Osceola County Clerk of Circuit Court & Comptroller - Finance Department, 2 Courthouse Sq. Kissimmee, FL 34741

Claimant's Signature _____ Date _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] audio-video communication technology, this _____ day of _____ 20_____, by _____ who [] is personally know to me or [] produced _____ as identification.

(SEAL)

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____

Filing Instructions for Unclaimed Property Claim Form

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

- Amount of Unclaimed Funds
- Original Check Number(s)
- Original Check Issue Date(s)
- Owner of Funds
- Owner of Fund's Address
- Owner of Fund's Phone Number
- Owner's Social Security Number or Tax ID number
- Owner's Signature
- Claimant's Name
- Claimant's Address
- Claimant's Phone Number
- Claimant's Signature

You MUST provide the following documentation for verification to our office when filing your claim:

Individuals:

- Clear copy of a Government issued ID card or Driver's License
- Verification of address, if mailing address is different from original mailing address or photo identification.
- If Claimant is not the owner of the funds, an original, notarized Power of Attorney is required for you to act on the behalf of the owner.

Business:

- Copy of W9 with Federal Identification Number and current business address
- Letter of Authorization on company letterhead with the names of those with the authority to sign/claim on behalf of the business
- Copy of Government Issued ID card or Driver's License of authorized claimant
- If your company merged with another company, a copy of the merger agreement
- If your company was dissolved, a copy of the articles of dissolution

PLEASE NOTE:

Checks will only be reissued to the original owner of the funds.

Failure to provide all required documentation will result in a denial of your claim.

MUST BE POSTMARKED NO LATER THAN SEPTEMBER 1, 2026

Mail the completed notarized claim form and all required documents to the following address:



Osceola County Clerk of Circuit
Court & Comptroller
Attn: Finance Department
2 Courthouse Sq.
Kissimmee, FL 34741