DO NOT FAX

DATE RECEIVED

44 W. HEBBLE AVENUE FAIRBORN, OHIO 45324-4999 Ph: (937) 754-3005 Fx: (937) 754-3115

REQUEST TO REISSUE CHECK

The undersigned makes claim to Unclaimed Funds now in the custody of the City of Fairborn in the amount and kind as specified below, pursuant to Section 9.39 of the Ohio Revised Code.

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY AND SUBMITTED **WITH PROOF OF CLAIM***.
FAILURE TO DO SO WILL DELAY PROCESSING OF THE CLAIM.
CLAIMS ARE USUALLY PROCESSED WITHIN 30 BUSINESS DAYS.

**All claims must have a clear photocopy of the owner's driver's license or State ID. Submit the original check(s), if available. If the owner is a business, a copy of a document showing the company name and Tax ID is required along with documentation proving the individual signing the form is an authorized agent of said business.*

ORIGINAL PAYEE _____
Last First MI

ORIGINAL ADDRESS _____
No. & Street City, State Zip

PHONE _____ _____
Home Cell

PAYEE SOCIAL SECURITY NUMBER or TAX ID# ___ - ___ - ___

REASON FOR ORIGINAL ISSUE _____

REASON FOR REQUEST _____

MAILING ADDRESS _____
(if different from above) No. & Street City, State Zip

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 The City of Fairborn, Ohio, and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant.

NAME OF PAYEE OR REPRESENTATIVE

SIGNATURE OF PAYEE OR REPRESENTATIVE

DATE

**IF NOT COMPLETED AT THE CITY OF FAIRBORN FINANCE OFFICE,
THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC**

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20___

Notary Seal

_____
Notary Public Signature

FOR FINANCE DEPARTMENT USE ONLY

Check #: _____ Date: _____ Amount: _____ Expense Account: _____

Check One: ☐ Outstanding ☐ Unclaimed Funds ☐ General Fund PO #: _____

Replacement Check #: _____ Reissue Date: _____

If completed in office: was identification verified? _____ license # (or other ID) _____

Authorization: _____ Date: _____ Exp Date: _____