

ADAMS COUNTRY AUDITOR
APPLICATION FOR SURPLUS TAX SALES FUNDS

Claimant's Name: _____

Claimant's Mailing Address: _____

City _____ State _____ Zip _____

Claimant's Phone No. _____ E-mail address: _____

Named Owner of Surplus Funds held by Auditor: _____

Relationship of Claimant to Named Owner: _____

Drivers' License or State Photo Identification Attached: ___ yes ___ no

Supporting Documentation that Claimant and Named Owner are one and the same: ___ yes ___ no

W-9 attached: ___ yes ___ no

Under penalty of perjury under Ohio law, the Claimant verifies this application and documentation submitted herewith are true and accurate representations supporting the Claimant's ownership of the Surplus Funds.

Date

Claimant

State of _____

ss:

County of _____

Sworn to and subscribed before me a notary public this ___ day of _____, 20___.

Notary Public

Seal and Expiration Date _____