

**AFFIDAVIT TO CLAIM FUNDS HELD IN  
WASHINGTON COUNTY  
UNCLAIMED FUNDS**

\_\_\_\_\_ (Name), would like to claim funds deposited in my name from the Washington County Treasurer.

Attached is a copy of my driver's license, please mail payment to me at\*:

This section to be completed by Claimant:

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, State & Zip Code)

\_\_\_\_\_ (Claimant's Signature)

\_\_\_\_\_ (Date)

STATE OF \_\_\_\_\_, \_\_\_\_\_ County} SS

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_ (Notarial Seal)

*\*Please include a phone number so that we may contact you in case of a question:*

*Phone : \_\_\_\_\_*

*Address on this claim and driver's license must match. Return completed form to:*

***Washington County Auditor  
Attn: AUDITOR'S FISCAL OFFICE  
205 Putnam Street, 2<sup>nd</sup> Floor  
Marietta, OH 45750***