

**Unclaimed Funds Claim Form**

City of Willard, Ohio  
631 S. Myrtle Ave.  
PO Box 367  
Willard, OH 44890  
419-933-2581

**THIS CLAIM WILL NOT BE PROCESSED WITHOUT PROPER IDENTIFICATION**

The undersigned, having legal rights to Unclaimed Funds now in the custody of the City of Willard, makes claimed to said funds, in the amount and kind as specified below.

1. \_\_\_\_\_  
Claimant Name (type or print)

2. \_\_\_\_\_  
Claimant Address (street & number)

3. \_\_\_\_\_  
City State Zip

4. Are you the original owner of the funds? Yes No

5. If no, your relationship to the owner \_\_\_\_\_

6. If no, your reason for claiming in place of owner \_\_\_\_\_

7. Claimant phone # \_\_\_\_\_

8. Claimant work phone # \_\_\_\_\_

The undersigned certifies that he or she has a legal or equitable interest in the unclaimed funds and will indemnify and hold harmless the City of Willard, its officers and employees from any other valid claim to such unclaimed funds.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

