



Belmont County Auditor's Office

Auditor – Cindi L. Henry

101 West Main Street
St. Clairsville, Ohio 43950

Request for Disbursement of Unclaimed Funds

Pursuant to the provisions of Ohio Revised Code Chapter 169 and applicable county procedures governing unclaimed funds, I hereby submit this formal request for the disbursement of unclaimed monies being held by the Belmont County Auditor.

Claimant Information

Name: _____

Address: _____

Phone/Email: _____

SSN/Tax ID (last four digits): _____

Unclaimed Funds Details

Nature of Funds (e.g., jury duty check, sheriff's sale overpayment.): _____

Original Amount: \$ _____

Date of Original Issuance/Deposit: _____

Reference/Case/Check Number: _____

Basis of Claim

I affirm that I am the rightful owner (or duly authorized representative/heir/assignee) of the above-described funds. I am submitting the following documentation in support of this request:

- Valid government-issued photo identification
- Proof of address or business ownership (if applicable)
- Legal documentation (if required: court order, estate documents, power of attorney, etc.)

Certification

I hereby certify that the information provided in this request is true and accurate to the best of my knowledge.
I understand that submitting false information may subject me to criminal penalties under Ohio law.

Signature of Claimant: _____

Printed Name: _____

Date: _____

For Official Use Only

Verified By: _____

Date Verified: _____

Approved Amount: \$_____

Method of Disbursement: Check EFT

Authorized Signature: _____