

Proof of identity REQUIRED  
i.e. Driver's License, Social Security Card, Birth Certificate

**CITY OF CONCORDIA  
UNCLAIMED MONEY – CLAIM FORM**

I, \_\_\_\_\_, hereby declare that I am the legal owner or custodian of previously unclaimed money in the amount of \$\_\_\_\_\_ and the payee shown was \_\_\_\_\_, which was published in The Concordia Blade-Empire on \_\_\_\_\_ (MM/DD/YY).

Indicate the reason for the claim below:

- The above check was not received \_\_\_\_\_
- The above check was destroyed \_\_\_\_\_
- The above check was lost by me \_\_\_\_\_
- The above check is attached. The check is now void because it was not cashed within six months and became stale dated.
- Other \_\_\_\_\_

I hereby certify under penalty and perjury that the information contained on this claim is true and correct and is being submitted to the City of Concordia to substantiate my claim to money held by the City. I further certify that I have the authority and right to claim and received payment of money and hereby release the City of Concordia from all liability and further obligation with respect to this claim.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Social Security or Tax ID Number

Mail Completed Forms To:  
City of Concordia  
Finance Department  
701 Washington  
Concordia, KS 66901

**CITY USE ONLY**

Payee Name \_\_\_\_\_ Form of Identification Shown \_\_\_\_\_

Original Check No. \_\_\_\_\_ Original Check Date \_\_\_\_\_ Original Check Amount \_\_\_\_\_

Date Claim Received \_\_\_\_\_ Accepted \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date