

Oconto County  
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Treasurer  
Nikki Tolzman

Account Technician  
Brooke Kriescher



### Unclaimed Funds Claim Form

All claims must be presented in-person along with acceptable proof of identification.  
(IE: Government issued Driver License, State ID card, or Passport)  
\*\*Additional documentation may be required\*\*

**CLAIMANT INFORMATION:** Please enter your current information.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

If the claimant is not the owner of the funds, what authority do you have to receive the funds?

**OWNER INFORMATION:** Provide information about the person or company to whom the funds belong.

LAST NAME (BUSINESS NAME): \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Ownership of the following unclaimed funds arises from the following facts:

CHECK # \_\_\_\_\_ CHECK DATE: \_\_\_\_\_ CHECK AMOUNT: \_\_\_\_\_

**CLAIMANT CERTIFICATION:** *Please sign and have the statement below notarized.*

I hereby claim the above-mentioned funds held by the Oconto County Treasurer. By claiming these funds, I hereby agree to indemnify, defend, and hold harmless Oconto County against any and all future claims made against said funds. Under penalty of perjury, I certify the above information is true and accurate to the best of my knowledge, and that I have a lawful claim to said funds.

**CLAIMANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

STATE OF WISCONSIN, COUNTY OF OCONTO  
THIS DOCUMENT WAS SIGNED BEFORE ME

ON \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BY \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_

NOTARY'S EXPIRATION: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

OFFICE USE ONLY – VDR # 9827  
G/L # \_\_\_\_\_

NOTARY SEAL