

TREASURER

**BROWN COUNTY**

305 EAST WALNUT STREET

P.O. BOX 23600

GREEN BAY, WISCONSIN 54305-3600

PHONE (920) 448-4074 FAX (920) 448-6341

**PAUL ZELLER**

TREASURER

**Claim Form**

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

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

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

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

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

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

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

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

IS THIS PERSON LIVING? \_\_\_\_\_ IF NO, PROVIDE DATE OF DEATH: \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE INDIVIDUAL? \_\_\_\_\_

**CLAIMANT CERTIFICATION:** Please sign and have the statement below notarized. If your claim is for less than \$100, notarization of your signature is not required.

I hereby claim the above mentioned funds held by the Brown County Treasurer. By claiming these funds, I hereby agree to indemnify, defend, and hold harmless Brown County against any and all future claims made against said funds. Under penalty of perjury, I certify that that 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 Brown

This instrument was signed and sworn before me in \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_  
My commission expires: \_\_\_\_\_

NOTARY SIGNATURE: \_\_\_\_\_

\*\*Additional documentation may be required\*\*

