

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