

# Office of Treasurer Dodge County Administration Building



127 East Oak Street • Juneau, Wisconsin • 53039 • (920) 386-3782 • Fax (920) 386-4291

**Kris Keith**  
**County Treasurer**

**Lori Koenig-Fry**  
**Chief Deputy Treasurer**

**Jodi Schultz**  
**Deputy Treasurer**

**Brenda Wenzel**  
**Deputy Treasurer**

### Claim Form

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

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

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

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

If the claimant is not the owner of the funds, what authority do you have to receive the funds?  
*(Submit proof i.e. : Dept. of Motor Vehicles Issued Driver's License / ID card, Passport or Social Security Card)*

**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.*

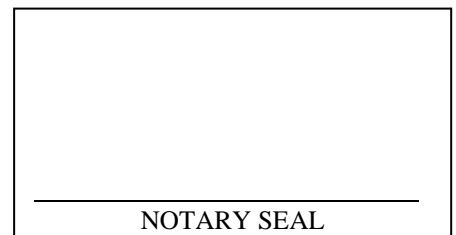
I hereby claim the above-mentioned funds held by the Dodge County Treasurer. By claiming these funds, I hereby agree to indemnify, defend and hold harmless Dodge County against any and all future claims made against said funds. Under penalty of perjury, I certify that the above information is true and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

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

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



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