

Unclaimed Property Holder Claim Form

Attach documentation showing proof of payment to owner(s) for all individual claims exceeding \$1,000.00

Comptroller of Maryland
 Unclaimed Property Division
 7 St. Paul Street
 Suite 320
 Baltimore, Maryland 21202
 410-767-1700 or 1-800-782-7383
 TDD 410-767-1967

Include an "Attention" Person in Part A of this form

Part A - Holder Information

Name of Holder **Attn:** **FEIN Number**

Mailing Address **Telephone number**

City, State, Zip code

Part B - Information on property claimed

Name of Owner	Holders Account Number	Original Report Date	Amount or Description of Property Claimed

Part C - Affidavit

Under penalties of perjury, I hereby certify that the foregoing information is true and correct. I further certify that the property claimed has been or will be returned or credited to the lawful owner or owners. I am authorized to represent that the holder will indemnify the State of Maryland, its officers and employees for any loss or claim whatsoever arising from the payment of this claim.

X

Signature Title Date

Part D - For office use only

Claim No.: Control No.: Holder No.: Report Year:
 Rec'd.: Total: \$

Approved by: _____