



## City of Fort Collins, Colorado Outstanding Check and Unclaimed Funds Claim Form

Ownership of funds must be verified by the Claimant. As a Claimant, please review the instructions and complete the form below. Verification of the information provided may be requested at time of receipt/processing and additional information may also be required.

**Instructions:**

- Complete this form using blue or black ink.
- Include a copy of your current Driver’s License (or state or government issued photo ID) for each person signing.
- If you have had a name change, please attach legal documentation.
- **BUSINESSES ONLY** – Include a W-9 and fill out the business only box on the form.
- **MAIL TO THE ADDRESS LISTED BELOW.**

\*If the check was issued to more than one person, all payees must sign & date the form. Include a photo ID copy for each person.  
 \*\*If you are filing a claim for a deceased payee, you must include proof of the payee’s death along with proof of your executorship.

**CHECK LIST:**

- Signed & dated form
- Included copy of current photo ID(s)
- Included W-9 (businesses only)
- Provided Tax ID# or SS# (business only)

**Mailing address:**

City of Fort Collins, Accounts Payable  
 ATTN: Unclaimed Property  
 PO BOX 580  
 Fort Collins, CO 80522

Business Name			(Businesses ONLY) Tax ID or SS#
Claimant Name(s) Last	First	Middle Initial	Title
Current Mailing Address			Daytime Phone (     )     -
City	State		Zip Code
Email Address			FAX

**UNCLAIMED FUNDS DESCRIPTION**

To expedite processing of your claim, please fill out the grid below. This information may be found on the City website at: <https://www.fcgov.com/finance/unclaimed-funds>. Items received will be processed within 90-days of receipt of the signed form.

CHECK NUMBER/CLAIM NUMBER	CHECK DATE	PAYMENT AMOUNT

**I, the Claimant, certify that this claim is valid and just, and that all statements are true and correct. Upon payment of this claim, the Claimant hereby agrees to indemnify and hold harmless the City of Fort Collins and its employees from any damages, claims, or losses of any kind resulting from the payment of the property to the Claimant, including, without limitation, any attorney fees and court costs they may incur.**

**Claimant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Claimant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_