

Collier County Board of County Commissioners

AFFIDAVIT FOR UNCLAIMED MONIES

I, _____, the undersigned, swear and affirm the following in connection
(Print Full Name)
with Collier County Board of County Commissioners' unclaimed check number _____ issued in
the amount of \$ _____:

That the undersigned, if acting on behalf of him or herself, is the payee as named on the check;

That the undersigned, if acting on behalf of another person, is authorized by a duly executed power of attorney or court decrees, copy of which is attached;

That the payee named on said check never presented it for payment nor requested a prior reissuance of said check nor received benefit from said reissuance. The payee agrees to indemnify the Board of County Commissioners of Collier County for any duplication of money received or benefit derived from the original money due and the reissuance of same;

And that the undersigned hereby makes formal demand for the reissuance of the said check to _____, if different from original payee, a copy of the legal document
(Name of Payee)
supporting the change in payee is attached.

Signature

Payee's Current Mailing Address

Payee's Current Telephone Number

Mail completed form to: Clerk's Finance
3299 Tamiami Trail East
Suite 700
Naples, Florida 34112-5749

(Below is to be completed by Deputy Clerk if claim is made in person or must be notarized if claim is to be mailed).

The above personally appeared before me, identified him or herself and produced _____
_____ as identification or is personally known to me and signed this
affidavit in my presence on this _____ day of _____, 20____.

State of Florida
County of Collier

My commission expires _____

Commission number _____

Signature of Notary Public/ Deputy Clerk