

Collier County Clerk of the Circuit Court

AFFIDAVIT FOR UNCLAIMED MONIES

CHECK #: _____ PAYEE NAME: _____
CHECK DATE: _____ STREET: _____
AMOUNT: _____ CITY: _____
BOND #: _____ STATE: _____ ZIP: _____
CASE # _____

I, _____ state that I am the payee on the above named Collier County check.

I request that the Collier County Clerk of Courts Accounting Department issue a "Stop Payment" on the above check and issue a new check to replace it.

Further, I agree that should the lost/destroyed/undelivered Collier County check be found or come into my hands, I will promptly deliver it to the Collier County Clerk Accounting Department.

Further, if any false or misleading statements were made with intent to defraud the Collier County Clerk of Courts, I acknowledge that the Clerk of Courts may request that such an act be prosecuted to the full extent of the laws of this State.

Signature of the Payee (in ink)

Telephone number / Date

Please sign and return to: Collier County Clerk's Accounting Dept.
P.O. Box 413044
Naples, FL 34101-3044

(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

UNTIL THIS FORM IS RETURNED, NO ACTION WILL BE TAKEN
A Photocopy of picture ID must accompany this form.