



THE HONORABLE
GWEN MARSHALL

CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CLERK OF COURTS • COUNTY COMPTROLLER • AUDITOR • TREASURER • RECORDER

PLEASE ATTACH A COPY OF GOVERNMENT ISSUED IDENTIFICATION (i.e., Driver's License)

I, _____ hereby claim check number _____ In the amount of \$_____ referred to on the Leon County Clerk of Courts website or other sources. I certify that I am the person whom these funds are due, or that I represent the business entity to which these funds belong.

Change of Address Request: Address unclaimed check was issued to or your prior address: _____	Attach a copy of a document showing your name and this address (i.e. utility bill, bank statement, etc.) Please blank out any account numbers.
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New Address: _____	This address must match the address on the photo identification copied above for individuals or business letterhead for business claims
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If your name has changed, please call our office for assistance in providing documentation to support the name change on the reissued check.

Current Phone number: _____ Signature: _____

Date of Birth: _____

Taxpayer ID# (businesses only): _____ Date: _____

State of Florida Sworn to (or affirmed) before me this _____ of _____, 20____
County of _____ By _____ who has produced
(Segal) _____ as identification.
_____ Deputy Clerk/Notary Public
Signature
_____ Printed Name