



CITY HALL • 109 NORTH MAIN STREET • HARTFORD, WI 53027

AFFIDAVIT OF OWNERSHIP AND INDEMNITY AGREEMENT

Owner of Fund's Name:	Owner is: <input type="checkbox"/> Me <input type="checkbox"/> Someone Else *additional info required
Owner's Date of Birth (MM/DD/YYYY):	Driver's license number:
Your Name (if not owner):	Amount of Claim:
Street Address:	City:
State and Zip Code:	Daytime Phone Number:

*additional documentation showing that you are entitled to these funds.

Under penalties of perjury, I certify that the information provided on this claim is true and I am the owner or entitled to these funds.

Signature: _____
(must be notarized if not submitted in person)

State of _____
County of _____

On this ___ day of _____, 20___, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which was _____ to be the person whose name is signed on the document to me that he/she signed it voluntarily for its stated purpose.

Seal Required

Signature of Notary Public

Commission Expiration Date of Notary Public

(Updated June/2020- Please allow 4 to 6 weeks for processing)