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 the current Driver's License (or other 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 boxes 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.

CHECKLIST:

☐ Claimant information filled in
☐ Form signed and dated
☐ Copy of current photo ID(s)
☐ Included W-9 (businesses only)
☐ Provided Tax ID# or SS# (businesses only)

Mailing address:

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

CLAIMANT INFORMATION

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

To expedite processing of your claim, please fill out the grid below. This information may be found on the City website at: https://www.fortcollins.gov/Government/Budget-and-Finance/Unclaimed-Funds. Items received will be processed within 90 days of receipt of the signed form.

CHECK 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 Signature: _____ **Date:**_____

Claimant Signature: _____ **Date:**_____

Code 23-133 of the Code of the City of Fort Collins states that property held by the City that remains unclaimed by the owner for more than 12 months after it became due to that person shall be presumed abandoned. The City of Fort Collins will make an attempt to contact the Owner/Person at the last known address at this time. A notice will be posted on the City's website or, in some cases mailed, advising owners of unclaimed property. **Owners/Persons will have up to 12 months after such notice is given to claim their property before the property is forfeited to the City of Fort Collins**.