



**OFFICE OF THE
KOOTENAI COUNTY CLERK
Jim Brannon**

CLAIM REQUEST FORM

If making a claim, please fill-in form, print and see additional instructions below:

Kootenai County Auditor
P.O. Box 9000
Coeur d'Alene, ID 83816-9000

See further instructions below:

**** REQUIRED BY CLAIMANT**

****Name:**

****Social Security Number:**

****Current Address:**

****City:**

****State:**

****Zip:**

****Daytime Phone Number:**

A claim is hereby made to Kootenai County. I declare that this form and accompanying documents have been examined by me and, to the best of my knowledge and belief, are true, complete, and correct.

****Claimant's Signature** _____

****Date**

Please provide the following information. We cannot process your claim without it.

1. Your SSN or EIN
2. Your Signature on the Claim Request Form
3. A clear, legible copy of your photo ID
4. Your daytime telephone number
5. A copy of a death certificate if the owner of the property is deceased

AUDITOR USE ONLY

Amount \$ _____ Approved by _____ Date _____



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UNCLAIMED PROPERTY
CLAIM REQUEST FORM INSTRUCTIONS



If you are an **individual** claiming property **and** the reported **owner**, you must provide:

- ✓ Photo ID: Examples include a copy of a driver's license, passport, or military ID.
- ✓ Social Security Number: Your SSN.
- ✓ Documentation of the owner's name change if a different name appears on the request form. Examples include a copy of a marriage license, divorce papers, or other legal documentation.

If you are **not** the reported owner, you must also provide:

- ✓ Social Security Number(s): Your SSN and the account owner's SSN.
- ✓ If the owner is deceased: A copy of the owner's death certificate.
- ✓ If the owner is not deceased: A power of attorney.

If you are claiming property for a **business**, you must provide:

- ✓ Photo ID of the individual submitting the claim. Examples include a copy of a company ID badge, or a copy of a driver's license with a company business card.
- ✓ Employer Identification Number, the EIN of the business or organization.
- ✓ Documentation showing your position and authority to make a claim. Examples include a business card and authorization on company letterhead from a company official.

You may be contacted if additional information is needed to process your request.

Please return the claim request form and all accompanying documents to the following address:

Kootenai County Auditor
ATTN: Rae Ann Fritsche
PO Box 9000
Coeur d'Alene, ID 83816-9000