State of West Virginia
John D. Perdue, Treasurer

Holder Claim Form
Claim and Affidavit for Recovery of Property

Please complete each section.

Holder

Name_____

Address_____

_____
(City) (State) (Zip)

Phone Number _____

Report Date_____ Sheet Number_____

Property Description_____

_____

Property Type_____
If interest bearing or security related please complete a W-9 form.

Amount_____

Owner

Name_____

Address_____

_____
(City) (State) (Zip)

Social Security Number_____

Please mail form to:
Office of State Treasurer
Unclaimed Property Division
Post Office Box 4228Charleston, WV 25364

If you have questions:
Phone Number (800) 642-8687

Please allow approximately 60 to 90 days for your claim to be processed
Note: if the person signing is not the holder contact please send in a photo id.

Claim is hereby filed for unclaimed property held by the Treasurer of the State of West Virginia in accordance with the Uniform Unclaimed Property Act, WV Code § 36-8-1, et seq.
State of _____
County of _____
I, _____ (individual representing the business), first being duly sworn under penalty of perjury hereby affirm that I am authorized to make this claim on behalf of the holder named above (the "Holder"). I further certify that the Holder has paid the property described above to the person reasonably appearing to be entitled to payment, and that the Holder is therefore entitled to reimbursement as provided in West Virginia Code ' 36-8-10.
Representative Signature_____

Subscribed and sworn to before me this _____ day of _____ My commission expires_____.

Notary Public Signature_____

Notary
Stamp

Revised 7-2014