treasurer@winnebagocountywi.gov (920) 232-3420

CLAIMANT REQUEST FOR UNCLAIMED FUNDS

Dear Ma'am,

I am requesting that Winnebago County issue a replacement check, payable to me, for the below mentioned check(s).

I agree that should I find the initially uncashed check(s), I will not present it to a bank for payment. I will return it to the Winnebago County Treasurer's Office for cancellation.

Check #	Issue Date	Amount

Previous Address(es):	
Current Address:	
Signature of Claimant:	
Printed Name:	

Office Use Only

Account 1-23004 (General Account Unclaimed Funds)

Authorized Signer:

Date: _____