

# Unclaimed Property Holder Claim Form

**Attach documentation showing proof of payment to owner(s) for all claims**

Comptroller of Maryland  
Unclaimed Property Division  
7 St. Paul Street, Room 320  
Baltimore, Maryland 21202  
410-767-1700 or 1-800-782-7383  
TDD 410-767-1967

***Include an "Attention" Person in Part A of this form***

**Part A - Holder Information**

**Name of Holder**

**Attn:**

**FEIN Number**

**Mailing Address**

**Telephone number**

City, State, Zip code

**Part B - Information on property claimed**

| Name of Owner | Holders Account Number | Original Report Date | Amount or Description of Property Claimed |
|---------------|------------------------|----------------------|---|
|               |                        |                      |   |
|               |                        |                      |   |
|               |                        |                      |   |
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|               |                        |                      |   |

**Part C - Affidavit**

Under penalties of perjury, I hereby certify that the foregoing information is true and correct. I further certify that the property claimed has been or will be returned or credited to the lawful owner or owners. I am authorized to represent that the holder will indemnify the State of Maryland, its officers and employees for any loss or claim whatsoever arising from the payment of this claim.

**X**

|           |       |      |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

**Part D - For office use only**

|            |              |             |              |
|------------|--------------|-------------|--------------|
| Claim No.: | Control No.: | Holder No.: | Report Year: |
| Rec'd.:    | Total: \$    |             |              |

Approved by: \_\_\_\_\_