

# Unclaimed Property Holder Claim Form

**Attach documentation showing proof of payment to owner(s) for all individual claims exceeding \$1,000.00**

Comptroller of Maryland  
Compliance Division  
Unclaimed Property Unit, 301 West Preston  
Street Room 310  
Baltimore, Maryland 21201-2383  
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**

<b>Name of Holder</b>	<b>Attn:</b>	<b>FEIN Number</b>
<b>Mailing Address</b>		<b>Telephone number</b>
_____ 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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: \_\_\_\_\_