

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF BUDGET AND FISCAL SERVICES
DIVISION OF TREASURY

CLAIM FOR RECOVERY OF ESCHEATED CHECK

_____ is hereby

Applying for payment of _____ **DOLLARS**

(\$), _____ **the amount due on City and County of Honolulu**

Check No. _____, dated _____ payable

to _____, which was

escheated to the General Fund on _____

SIGNED, SEALED AND DATED this _____ day of _____

Signature

Print Name

Address

Telephone Number ()

In the presence of: _____

Subscribed and sworn to before me this _____ day
of _____, _____.

Doc. Date: _____ # of Pages: _____

Notary Name: _____ Circuit

Doc. Description: _____

Notary Signature Date

(Stamp or Seal)

My Commission expires: _____