

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

**CLAIM FOR RECOVERY OF ESCHEATED CHECK**

\_\_\_\_\_ is hereby  
Applying for \_\_\_\_\_ **DOLLARS**  
payment of \_\_\_\_\_

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

Check No. \_\_\_\_\_, payable  
dated \_\_\_\_\_

to \_\_\_\_\_, which was  
escheated to the General Fund on \_\_\_\_\_

**SIGNED, SEALED AND DATED** this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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: \_\_\_\_\_

**CITY AND COUNTY OF HONOLULU  
DEPARTMENT OF BUDGET AND FISCAL SERVICES  
DIVISION OF TREASURY  
INSTRUCTIONS FOR CLAIM FOR RECOVERY OF ESCHEATED CHECK FORM**

- Print out Claim for Recovery of Escheated Check form from website.
- Type or print clearly and complete the form.

Fill in information in the following order:

- (1) Payee - Use the Payee Name as shown on website.
- (2) Check amount written out in English. (i.e., One thousand one hundred and no/100)
- (3) Dollar amount written in numerical form. (i.e., 1,100.00)
- (4) Check No. - Use the check number as shown on website.
- (5) Dated - Use the Check Issue Date as shown on website.
- (6) Payable to – Use the Payee Name as shown on website
- (7) Escheated date – Please leave blank, Treasury will insert the date.
- (8) Address – Mailing address.
- (9) Telephone Number – Division of Treasury can contact you during business hours if there are any questions on your claim.

**Upon completing the above information, there are two options in delivering the Claim for Recovery of Escheated Check form to Division of Treasury.**

- 1) Mail** – If you choose to mail your form to Division of Treasury the form must be signed, dated and **notarized**.
- 2) Hand Delivery** – If you choose to come to the Division of Treasury, no notarization is needed. You will sign and date the form in the presence of Division of Treasury personnel. Also, you will need to bring identification (Driver's license or State of Hawaii ID).

Mail or hand deliver the form to the address below and upon receipt it may take up to **5 business** days to process.

City and County of Honolulu  
Department of Budget & Fiscal Services  
Division of Treasury  
530 South King Street, Room #115  
Honolulu, HI 96813  
Attn: Vincent Blas, Jr.

If you have any questions, you may contact Vincent Blas at (808) 768-3999.

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

**CLAIM FOR RECOVERY OF ESCHEATED CHECK**

\_\_\_\_\_ (1) \_\_\_\_\_ is hereby  
Applying for \_\_\_\_\_ DOLLARS  
payment of \_\_\_\_\_ (2) \_\_\_\_\_  
(\$), \_\_\_\_\_ (3) \_\_\_\_\_ the amount due on City and County of  
Honolulu  
Check No. \_\_\_\_\_ (4) \_\_\_\_\_, dated \_\_\_\_\_ (5) \_\_\_\_\_ payable  
to \_\_\_\_\_ (6) \_\_\_\_\_, which was  
escheated to the General Fund on \_\_\_\_\_ (7) \_\_\_\_\_  
**SIGNED, SEALED AND DATED** this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature (8)  
\_\_\_\_\_  
Address (8)  
\_\_\_\_\_  
Telephone Number ( ) (9)

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: \_\_\_\_\_