

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 \_\_\_\_\_

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

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FOR THE DIVISION OF TREASURY ONLY:

The check was escheated to the General Fund on \_\_\_\_\_.