

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: _____

**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 00/100)
- (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: Joan Alexander

If you have any questions, you may contact Joan Alexander at (808) 768-3999