



TARA S. GREEN, CLAY COUNTY CLERK OF COURT AND COMPTROLLER

825 N Orange Ave, PO Box 698, Green Cove Springs, FL 32043 / (904) 269-6302 / info@clayclerk.com / clayclerk.com

PLEASE ATTACH A COPY OF GOVERNMENT ISSUED IDENTIFICATION (i.e. Driver's License)

I, _____, hereby claim check number _____ in the amount of \$_____ referred to on the Clay County Clerk of Court and Comptroller's website or other sources. I certify that I am the person to whom these funds are due, or that I represent the business entity to which these funds belong.

Current Address:

_____ _____ _____	This address must match the address on the government issued identification attached hereto for individuals or business letterhead for business claims. This will be the address that the check will be mailed.
-------------------------	---

If your name has changed, please call our office for assistance in providing documentation to support the name change on the reissued check.

Current Phone Number

Date of Birth

Tax Payer ID # (for businesses only)

Signature

Date

State of _____

County of _____

Sworn to (or affirmed) before me this _____ day of _____, 20____
by _____ who has produced _____
as identification. (SEAL)

Signature Deputy Clerk/Notary Public

Printed Name