



Bucks County Controller's Unclaimed Funds



The Bucks County Controller wants to RETURN Unclaimed Funds belonging to individuals and organizations doing business with or receiving services from the County.



Step 1: Visit <https://buckscounty.gov/300/Controller>
Click on Unclaimed Funds



Step 2: Search Lists by Name



Step 3: Complete form, attach documentation,
and mail it to 55 E Court St, 5th Floor,
Doylestown, PA 18901



Once verified, you will receive the funds
within 4-6 weeks



Pamela A. Van Blunk, Esq.
Controller of Bucks County



Filing Instructions

On the request for unclaimed funds, the following fields must be filled in completely in order to process your claim:

- Amount of the Check
- Date of the Check
- Payee Full Name/Business Name
- Social Security Number/Taxpayer I.D. (Optional)
- Street Address, City, State, Zip, Country
- Daytime Phone Number
- Claimant or Authorized Signature
- Date Signed
- Address of Residence for the Previous Three Years

Also, if you are filing a claim for which there are multiple payees on the check, please note that each payee must sign the claim form and submit the required documentation.

In addition, your signature will need to be notarized if your claim exceeds \$500.

You must also provide the following documentation to our office when filing your claim:

Individuals:

- A copy of current photo identification for each claimant
- Verification of address, if mailing address is different from original mailing address or photo identification
- If the claimant is deceased, please submit a death certificate and a short certificate verifying executor/executrix information
- If the name of the owner has legally changed, please provide documentation of the name change
- If you have a legal representative, such as an attorney, power of attorney, trustee or guardian, provide documentation authorizing the representative to act on your behalf and to receive information regarding the claim

Business:

- Copy of current photo identification for the authorized agent signing the form
- Letter of Authorization on Company letterhead with the names of officers or officials with authority to sign and claim on behalf of the business
- If your company merged with or was acquired by another company, a copy of the merger agreement, assignment or other document evidencing the right of the successor company to the asset
- If your company was dissolved, a copy of the articles of dissolution

Mail the completed claim form and documents to the following address:

**County of Bucks
Pamela A. Van Blunk, Esquire, Controller
Attn. Kim Doran, Deputy Controller
55 E. Court St.
Doylestown, PA 18901**

CHECK DATE	CHECK AMOUNT

Each of the undersigned claimants certifies under penalty of perjury that the claimant is the owner of said unclaimed property and the person entitled to receive the money set forth in the claim.
 Furthermore, each claimant agrees to indemnify and hold harmless County of Bucks, its officers, and its employees from any loss resulting from the payment of this claim.

EACH CLAIMANT (PAYEE) MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED

PAYEE FULL NAME / BUSINESS NAME		SOCIAL SECURITY NO. / TAXPAYER I.D. (OPTIONAL)			
STREET ADDRESS		CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE	

EACH CLAIMANT (PAYEE) MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED

PAYEE FULL NAME / BUSINESS NAME		SOCIAL SECURITY NO. / TAXPAYER I.D. (OPTIONAL)			
STREET ADDRESS		CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE	

YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM IS OVER \$500

Subscribed and sworn before me this _____ day of _____ year of _____ _____ Notary Public in and for The County of _____, State of _____
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Send completed affirmation to:

County of Bucks
Pamela A. Van Blunk, Esquire, Controller
Attn: Kim Doran, Deputy Controller
55 E Court St.
Doylestown, PA 18901

Previous Addresses
Please List Last Three Years

Name: _____

Date from: _____	Date to: _____		
STREET ADDRESS	CITY	STATE	ZIP
Date from: _____	Date to: _____		
STREET ADDRESS	CITY	STATE	ZIP
Date from: _____	Date to: _____		
STREET ADDRESS	CITY	STATE	ZIP
Date from: _____	Date to: _____		
STREET ADDRESS	CITY	STATE	ZIP
Date from: _____	Date to: _____		
STREET ADDRESS	CITY	STATE	ZIP