

Unclaimed Property Holder Claim Form

Attach documentation showing proof of payment to owner(s) for all individual claims exceeding \$1,000.00

Comptroller of Maryland
Unclaimed Property Division
301 West Preston Street
Room 310
Baltimore, Maryland 21201-2383
410-767-1700 or 1-800-782-7383
TDD 410-767-1967

Include an "Attention" Person in Part A of this form

Part A - Holder Information

Name of Holder

Attn:

FEIN Number

Mailing Address

Telephone number

City, State, Zip code

Part B - Information on property claimed

Name of Owner

Holders Account
Number

Original Report
Date

Amount or
Description of
Property Claimed

Name of Owner	Holders Account Number	Original Report Date	Amount or Description of Property Claimed

Part C - Affidavit

Under penalties of perjury, I hereby certify that the foregoing information is true and correct. I further certify that the property claimed has been or will be returned or credited to the lawful owner or owners. I am authorized to represent that the holder will indemnify the State of Maryland, its officers and employees for any loss or claim whatsoever arising from the payment of this claim.

X

Signature

Title

Date

Part D - For office use only

Claim No.:
Rec'd.:

Control No.:
Total: \$

Holder No.:

Report Year:

COT/ST 917 Rev. 08/2023
UNC PROP 24.01.05/030-03/0902

Approved by: _____