

Mail to: Arizona Department of Revenue • Unclaimed Property Unit • PO Box 29026 • Phoenix, AZ 85038-9026
Email to: UnclaimedProperty@azdor.gov • This form requires a physical signature.

1. PROPERTY

Property ID Number
or a brief description of the property you are claiming : _____

Original Property Owner's Name : _____

2. CLAIMANT INFORMATION

Claimant's Name : _____

Claimant's Social Security or Tax Identification Number : _____

Claimant's Date of Birth : _____/_____/_____ **Telephone Number :** (_____) _____ - _____

Email Address : _____

Joint Owner's Name : _____

Joint Owner's Social Security Number : _____ **Joint Owner's Date of Birth :** _____/_____/_____

Address where you would like correspondence, including payment sent: _____

City: _____ State: _____ Zip Code: _____

3. DOCUMENTATION REQUIRED

Please check the box that applies to the property you are claiming. The relationship will determine if additional evidence is needed after initial review.

Your claim will be considered invalid if the required documentation is not provided.

- 1 **Owner** – You are the owner of the property (not a business property).
 - 1a Signed claim form.
 - 1b Notarized claim form OR copy of valid picture ID.

- 2 **Heir** – You are the legally entitled beneficiary of a deceased property owner.
 - 2a Signed claim form.
 - 2b Notarized claim form OR copy of valid picture ID.
 - 2c Death Certificate.
 - 2d Notarized Affidavit for Collection of Personal Property.

- 3 **Business** – The reported owner is a business.
 - 3a Signed Claim form.
 - 3b Notarized claim form OR copy of valid picture ID.
 - 3c Form 285UP signed by the company officer.

- 4 **Agent for Owner** – You are the legal representative or appointed to function on behalf of the original owner. (Example: Guardian, Trustee, Custodian, Attorney-in-Fact)
 - 4a Signed claim form.
 - 4b Notarized claim form OR copy of valid picture ID.
 - 4c Form 285UP signed by property owner.

4. AFFIDAVIT

In consideration of the payment or delivery of unclaimed property as a result of this claim, I agree to indemnify the State of Arizona and hold it harmless for and from all claims and loss, cost, damages and expenses that the State of Arizona may sustain by reason of turning over the said property and by reason of its refusal hereafter to pay said property or any part thereof to any other person(s). I agree that if, for any reason, it is found that I am not entitled to payments I receive as a result of this claim or I receive duplicate payment, I will return the funds to the Arizona Department of Revenue within 15 days of demand. I swear and attest that all claims, assertions and signatures made in this claim are true and material and that all photocopies I have or will provide are the same as the original documents. Furthermore, I swear and acknowledge that any false statement made in this claim subjects me to penalties related to perjury and the subornation of perjury.

Claimant's Signature

Date

Joint Owner's Signature

Date

STATE OF _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____

20_____, BY:

PRINT NAME OF SIGNOR

NOTARY PUBLIC

5. FINAL INSTRUCTIONS

Please return the completed claim form along with the documentation listed in Section 3 to our office by mail at your earliest convenience. Failure to follow these instructions could result in a delay in processing your claim. Please allow up to 90 days for claim verification and processing.

You may email your claim form and documentation to **UnclaimedProperty@AZDOR.gov** OR

You may mail your document to the address below.

**Arizona Department of Revenue
Unclaimed Property Unit
PO Box 29026
Phoenix, AZ 85038-9026**

Note: Due to our established business procedure for processing mail, we are unable to honor special requests such as returning original documents. If you have questions, please visit <https://azdor.gov/unclaimed-property> to view about the Unclaimed Property process.



Scan to view a detailed list of required documents to submit with your claim.



Scan to view frequently asked questions regarding the claims process.