



HOME (OWNER) ASSET RECOVERY TEAM
PHILADELPHIA SHERIFF'S OFFICE
100 S BROAD STREET 5TH FLOOR (19110)
215-686-3532
SHERIFFHART@PHILA.GOV

ATTENTION:
**ANY PREVIOUS OWNER OR AN ADMINISTRATOR OF AN ESTATE
CAN COMPLETE THIS CLAIM WITHOUT AN ATTORNEY OR FINDER**

REQUESTOR CONTACT INFORMATION

REQUESTOR NAME:

CURRENT ADDRESS, CITY, STATE, ZIP CODE

CELL PHONE NUMBER:

EMAIL ADDRESS IF APPLICABLE:

PROPERTY INFORMATION

NAME OF LISTED OWNER:

PROPERTY ADDRESS:

RELATIONSHIP: {PLEASE CIRCLE ONE}
SELF RELATIVE FINDER
ATTORNEY OTHER

SOCIAL SECURITY# FOR ALL NAMES LISTED ON DEED:

PLEASE PROVIDE COPIES OF DOCUMENTS BELOW

STATE DRIVER'S LICENSE/PICTURE GOVERNMENT
ID

IF PREVIOUS OWNER IS DECEASED
DEATH CERTIFICATE, ESTATE (REGISTER OF WILLS)

CLAIM REJECTED: YES _____ NO _____

REASON:

PLEASE READ BELOW BEFORE SIGNING

UNSWORN FALSIFICATION TO AUTHORITIES (18 PA C.S. § 4904)

VERIFY THAT THE STATEMENTS OF FACTS MADE BY ME ARE TRUE AND CORRECT AND THAT THEY ARE MADE SUBJECT TO THE PENALTIES OF TITLE 18 PA C.S. § 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES. I FURTHER VERIFY THAT I HAVE NOT OMITTED OR FALSIFIED ANY FACTS OR MATTERS ON THIS FORM

PRINT NAME: (CLAIMANT)

SIGNATURE: (CLAIMANT)

DATE:

*ALL FINDERS MUST BE REGISTERED WITH PA TREASURY UNCLAIMED PROPERTY PLUS PROVIDE COPY OF REGISTRATION WITH WACH SUBMISSION