



# CHRISTINE R. SYCKS

## Coshocton County Auditor

Jinni Bowman, Chief Deputy Auditor

Courthouse Annex Building

349 Main Street

Coshocton, Ohio 43812

(740) 622-1243

Email: [auditor@coshoctoncounty.net](mailto:auditor@coshoctoncounty.net)



### UNCLAIMED FORECLOSURE CLAIM FORM

(Must be submitted within three years of pay-in date)

ORC 5721.20

The undersigned makes claim to unclaimed foreclosure monies being held by the Coshocton County Auditor's Office from an overage created from a tax sale on a property.

Full name of all owners of the funds as listed on property at the time of the sale:

---

---

Parcel No. of property: \_\_\_\_\_

Owner's Current Street Address, City, State, Zip:

---

Amount of Unclaimed Foreclosure:      \$ \_\_\_\_\_

Owner's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

- ☐ Copy of Drivers License  
☐ Copy of any existing court documents

DATE RECEIVED