

How to Submit a Claim

To request unclaimed property, please complete the Unclaimed Property Submission Form and upload any supporting documentation.

Step-by-step instructions:

- 1. Complete the online form (separate form for each outstanding item)**
Provide your name, contact information, and any details that may help us locate property belonging to you.
- 2. Upload required documents**
This may include a government-issued ID, proof of address, proof of name change, business documents, or legal paperwork if you are filing on behalf of someone else.
- 3. Submit the form**
Please email your form to unclaimedproperty@columbusga.org. Once your claim is submitted, you will receive a confirmation notice and your request will enter our review queue.
- 4. Await review**
Claims are typically processed within 30–45 business days. You will be contacted if additional information is needed.

What Happens After Submission

Once your request is reviewed:

- If matching property is found, you may be asked to provide additional documentation for verification.
- If your claim is approved, a check will be issued to the mailing address you provide.
- If no matching property is located, you will be notified via email.

This form must be signed in the presence of a Notary Public.

Claims cannot be processed without a notarized signature. Please do not sign the certification section until you are in front of a notary. A notary may be available at local banks, libraries, or government offices.

When submitting your claim, include:

- **The completed form with notary seal and signature, and**
- **All required documentation listed in the instructions.**

Disclaimer: Submission of this form does not guarantee that unclaimed property exists in your name or that a payment will be issued. Claims must meet all verification and documentation requirements before any funds can be released.

If you have questions in the meantime, you may contact the Columbus Consolidated Government Finance Department.



Columbus Consolidated Government Unclaimed Property Inquiry Form

PART 1: CLAIMANT / PROPERTY OWNER INFORMATION

Payee Name:
Last 4 Digits SSN or EIN:
Claimant Name (if different):
Relationship to Payee:
Claimant Last 4 Digits SSN or EIN:
Current Address:
City, State ZIP:
Phone Number:
Claim Number (if known):

PART 2: FORMER ADDRESSES (Last 7 years)

Former Address 1:
Former Address 2:
Former Address 3:

PART 3: CLAIMANT CERTIFICATION

I certify under penalty of perjury that the information provided is true and accurate. I agree to indemnify and hold harmless the Columbus Consolidated Government from any claims resulting from payment of this property.

Signature: _____

Title: _____

Date: _____

Notary Public: _____

Commission Expires: _____