



HO-CHUNK NATION

DEPARTMENT OF TREASURY

Release of Unclaimed Property Form

Tribal Member # (last four): _____ Employee #: _____ Vendor #: _____

I, _____, state I am the owner of the unclaimed property in custody of HCN Treasury Department and that I am requesting release of unclaimed property to _____.

Instructions for Agreement to Release of Unclaimed Property Form:

2. Complete the entire form, print and sign the form and have your signature notarized by a Notary Public.
3. Make sure you supply your last four digits of your Social Security Number, Tribal ID# or Employee ID# to verify that the Nation has the correct individual.
4. Once you have completed the form, please submit to the HCN Department of Treasury Office to one of the following:
 - Our mailing address is: HCN Treasury Department, P.O. Box 640, Black River Falls, WI 54615
 - Our fax no.: 715-284-7887
 - Email to unclaimedproperty@ho-chunk.com.

AGREEMENT TO CLAIM PROPERTY

I am a _____ of the Ho-Chunk Nation as follows:

Name: _____ Telephone #: _____
 Address: _____ Date of Birth: _____
 City, State Zip Code: _____ SSN/TIN: _____

Print Name

Signature

Date

In the State of _____, County of _____ this document was signed before me on this ____ day of _____, 20 ____.

Certificate of Notary Public
(Seal)

Notary Public My Commission Expires: _____

For Treasury Use Only

Original Check #: _____ Original Check Date: _____

Verified By: _____ Line Item #: _____

Processed By: _____