



## Treasurer

1101 Carmichael Rd | Hudson WI 54016  
Telephone: 715-386-4645 | Fax: 715-381-4355  
[www.sccwi.gov](http://www.sccwi.gov)

### REQUEST FOR FUNDS

I am the owner of unclaimed funds currently held by St. Croix County and identified in a legal notice published by the Treasurer. I hereby request that St. Croix County pay such unclaimed funds to me.

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

Case Number or Reason \_\_\_\_\_

Amount \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address to Mail Payment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires \_\_\_\_\_

### Proof of Identity received by Treasurer's Office

ID Provided \_\_\_\_\_

ID Number \_\_\_\_\_

Expiration \_\_\_\_\_

Acknowledged By \_\_\_\_\_