

**Citrus County Clerk of the Circuit Court and Comptroller  
UNCLAIMED MONEY COLLECTION AFFIDAVIT**

I, \_\_\_\_\_, the undersigned, swear and affirm the following:  
(Print Full Name)

That the undersigned, if acting on behalf of him or herself, is the payee as named on the check;.

That the undersigned, if acting on behalf of another person, is authorized by a duly executed power of attorney or court decrees, copy of which is attached;

That the payee named on said check never presented it for payment nor requested a prior reissuance of said check nor received benefit from said reissuance. The payee agrees to indemnify the Citrus County Clerk of Courts and Comptroller for any duplication of money received or benefit derived from the original money due and the reissuance of same;

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Payee's Current Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Payee's Current Telephone Number

State Of Florida  
County Of Citrus

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
by \_\_\_\_\_, who  is personally known to me or who  has  
produced a \_\_\_\_\_ as identification and signed this  
affidavit in my presence.

My commission expires \_\_\_\_\_

Commission number \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public or Deputy Clerk

**Please have signature notarized, and mail to:**

Citrus County Clerk of the Circuit Court and Comptroller  
Attn: Clerk Accounting - Annex  
110 N Apopka Ave.  
Inverness, FL 34450

or **Email to:** [clerkap@citrusclerk.org](mailto:clerkap@citrusclerk.org)