

**Cheryl
Strickland
Clerk of Courts**



**George Lareau
Chief Deputy**

**St. Johns County Clerk Of Courts
4010 Lewis Speedway, Saint Augustine, Florida 32084
(904) 819-3600 ext. 4358
(904) 819-3627 (Fax)**

PLEASE ATTACH A COPY OF GOVERNMENT ISSUED IDENTIFICATION (i.e. Driver's License)

I _____ hereby claim check number _____ in the amount of \$ _____ referred to on the St. Johns County Clerk of Courts website or other sources. I certify that I am the person to whom these funds are due, or that I represent the business entity to which these funds belong.

Change of Address Request:

Address unclaimed check was issued to or your prior address:

Attach a copy of a documents showing your name and this address (i.e. utility bill, bank statement, etc.).
Please blank out any account numbers.

New Address:

This address must match the address on the photo identification copied above for individuals or business letterhead for business claims.

If your name has changed, please call our office for assistance in providing documentation to support the name change on the reissued check.

Current phone number: _____

Signature: _____

Date of Birth: _____

Taxpayer ID#: _____

Date: _____

(for businesses only)

State of Florida
County of _____

Sworn to (or affirmed) before me this _____ of _____, 20____
by _____ who has produced
_____ as identification.

(Seal)

Deputy Clerk/Notary Public
Signature

Printed Name