SURPLUS FUNDS CLAIM AUTHORIZATION LETTER

Date: [Insert Date]

To: [Insert Agency/Department Name]
Address: [Insert Agency Address]
City, State, Zip: [Insert City, State, Zip]

RE: Surplus Funds Claim for Case/Parcel Number: [Insert Number]

To Whom It May Concern,

I, [Your Full Name], the undersigned, hereby certify that I am the rightful owner/heir entitled to the surplus funds resulting from the sale of the property located at [Insert Property Address].

I hereby authorize [Name of Authorized Representative or Company] to act as my agent and representative to process, file, and collect the surplus funds on my behalf.

This authorization includes, but is not limited to:

- Accessing records related to the sale and surplus amount.
- Executing all necessary claim forms and documentation.
- Communicating with government officials regarding the status of the claim.
- Receiving the disbursement of funds (if applicable per local laws).

Please direct all correspondence and payments regarding this matter to:
Name: [Representative Name]
Address: [Representative Address]
Phone: [Representative Phone Number]

This authorization shall remain in effect until the claim is fully processed or until revoked by me in writing.

Sincerely,

_____
(Signature)
[Print Name]
[Your Phone Number]
[Your Current Address]

NOTARY ACKNOWLEDGMENT

State of _____, County of _____
Subscribed and sworn to before me this ____ day of _____, 20__.

_____
(Notary Public Signature)
My Commission Expires: [Date]