



**Excess Proceeds Claim Form**

**Date:** \_\_\_\_\_

**Prior Record Owner(s):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parcel Number(s):** \_\_\_\_\_

**Legal Description of Property:** \_\_\_\_\_

**Date Sold:** \_\_\_\_\_

**Amount of Excess Proceeds:** \$ \_\_\_\_\_

**Final Date to Submit Claim: 4/5/2025**

*I hereby claim the above excess proceeds and understand that the Kenai Peninsula Borough must receive this claim no later than the date stated above.*

**Signature of Claimant:** \_\_\_\_\_

**Print Name of Claimant:** \_\_\_\_\_

**Social Security Number\*:** \_\_\_\_\_

\*Your SSN will be protected and will not be shared except as required by law for tax purposes.

Due to the sensitive information on this form, please do not submit this form electronically. All submissions should be delivered in-person or mailed to:

**Kenai Peninsula Borough  
Attn: Delinquent Accounts  
PO Box 3040  
Soldotna, AK 99669**

Note: Form must be received by KPBB on or before final date to submit claim. We do not honor postmark date.

For internal use only:
Date Received: _____
Initials: _____
Approved: Y / N (Circle one)
Comments: _____
_____
_____