

Mail to: Minnesota Department of Commerce  
Unclaimed Property Program  
85 7<sup>th</sup> Place East, Suite 280  
Saint Paul MN, 55101



## HOLDER REQUEST FOR REIMBURSEMENT

State of \_\_\_\_\_

Report Year \_\_\_\_\_

Report Total \_\_\_\_\_

### SECTION 1: HOLDER INFORMATION

Holder Name		Tax ID#	
Street Address	City	State	Zip Code
Contact Name	Contact Phone	Contact Fax	

### SECTION 2: CLAIM INFORMATION

Property Code	Account Reference No.	Date Paid/Account Reactivated	Amount/Shares
Owner's Name		Owner's Address (as listed on report)	
Claimant's Name & Address (if different than owner)			
*IF AMOUNT WAS REMITTED IN ERROR, ATTACH A SEPARATE SHEET DETAILING THE ERROR*			Total Request for Reimbursement \$

### SECTION 3: HOLDER CERTIFICATION

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary \_\_\_\_\_

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

I, \_\_\_\_\_, a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, or other property which was listed in the Report filed by the holder, have been paid to the rightful owner(s) or their appointed representative. I agree, upon payment of the above-described property to indemnify the State and hold it harmless from all claims and loss, demands, costs, and other expenses which the State may sustain by reason returning property to the holder and by reason further of its refusal to pay the property to any other person or persons:

Name and Title of Holder Representative \_\_\_\_\_

Signature of Holder Representative \_\_\_\_\_

Date \_\_\_\_\_