

# HOLDER REQUEST FOR REIMBURSEMENT

State of \_\_\_\_\_ Report Year \_\_\_\_\_ Report Total \_\_\_\_\_

**PART I HOLDER INFORMATION**

Holder Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax ID# \_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Telephone No. \_\_\_\_\_ Contact Fax No. \_\_\_\_\_

**PART II CLAIM INFORMATION**

Property Code \_\_\_\_\_ Acct. Reference No. *(If Aggregate – Specify)* \_\_\_\_\_ Date Pd. To Owner/Acct. Reactivated \* \_\_\_\_\_ Dollar amount/number of shares \_\_\_\_\_

Owner's Name *(Exactly as on Report)* \_\_\_\_\_ 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: \$ \_\_\_\_\_**

**PART III 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 (type or print) \_\_\_\_\_

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