



REQUEST FOR UNCLAIMED MONEY DISBURSEMENT

COUNTY of GALVESTON
TREASURER KEVIN C. WALSH, CPA
722 MOODY AVE. 4TH FLOOR
GALVESTON, TEXAS 77550
409-770-5395

CLAIMANT INFORMATION

| | | | | |
|--|----------------|-----------------|-----------------|---------------------------------------|
| <i>Name (Last)</i> | <i>(First)</i> | <i>(Middle)</i> | <i>(Maiden)</i> | Social Security # or TAX ID # |
| <i>Additional Owner (Last)</i> | <i>(First)</i> | <i>(Middle)</i> | <i>(Maiden)</i> | Social Security # or TAX ID # |
| <i>Current Mailing Address</i> | | | | <i>Daytime Phone</i> () . |
| <i>City</i> | <i>State</i> | | | <i>Zip Code</i> |
| <i>Cause # if Available</i> | | | | |
| <i>What is your relationship to this property?</i> | | | | |

ALL POSSIBLE PREVIOUS ADDRESSES: (INCLUDE ANY P.O. BOXES OR RURAL ROUTE #'S)

| Address | City | State | Zip Code |
|---------|------|-------|----------|
| | | | |
| | | | |

The named Claimant hereby certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim said Claimant will indemnify and hold harmless Galveston County, the Treasurer and its employees from any damages, claims, or losses of any kind resulting from the payment of the property to the Claimant.

| | | |
|------------------|-------------------------------------|-------------|
| Sign Here | <i>Claimants Signature</i> | <i>Date</i> |
| Sign Here | <i>Additional Owner's Signature</i> | <i>Date</i> |

All Requests for Claims Distribution are to be Notarized:

THE STATE OF TEXAS, COUNTY OF _____ ; Before me, the undersigned authority, on this day
 Personally appeared the above signed, _____, Sworn and subscribed to before me
 This day of _____, 20____

_____ Printed Name of Notary Public
 _____ Signature of Notary Public

Notary Seal:

| | |
|-------------------------------------|------------------------------------|
| TREASURER'S OFFICE USE ONLY: | Date Claim Request Received: _____ |
| | Reimbursement Check No: _____ |

CLAIM FILING INSTRUCTIONS FOR GALVESTON COUNTY

PLEASE SAVE THESE INSTRUCTIONS FOR YOUR USE.

1. Complete the Request for Unclaimed Money (all boxes required)
2. Have the form notarized
3. Provide photo identification (ex: driver's license, state ID card, etc.) Showing your identity.
4. Proof associating you with the last known address provided to us by the reporting department -if the reporting department provided a last known address it might be the only information we have to determine rightful ownership. Photocopies of the following are acceptable: tax statement, receipts, bank statements, utility bills.
5. If no address is on file in the Treasurer's Office the claimant **MUST** have a receipt or proof that they are entitled to the money.
6. Other documentation may be requested as needed.
7. If approved, all checks will be mailed to the claimant.

(FEDERAL PRIVACY ACT), Disclosure of your social security number is required and authorized under law for the purpose of tax administration and identification of any individual affected by the applicable law. 42 U.S.C. § 405 (c) (2) (C) (i); Tex. Gov't Code §§ 403.011, 403.055, and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code).