

BOSQUE
TEXAS



COUNTY
EST 1854

REQUEST FOR UNCLAIMED MONEY DISBURSEMENT

As the claimant, attach documents supporting your request to claim this property.

CLAIMANT: _____
(Last) (First) (MI)

ADDRESS: _____

TELEPHONE: _____ **SS or TAX ID:** _____

PROPERTY ID: _____ **PROPERTY TYPE:** _____

OWNER NAME: _____

DESCRIPTION: _____

CLAIM AMOUNT: _____

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 the State of Texas, the County of Bosque and all its employees from any damages, claims or losses of any kind resulting from the payment of the above described property to Claimant.

CLAIMANT SIGNATURE: _____

DATE: _____

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

Date Claim request received: _____ Reimbursement Check No. _____