

HARRISON COUNTY TREASURER UNCLAIMED PROPERTY CLAIM FORM

CLAIMANT INFORMATION

Property Owner Name:			
Address:	Street	City	State/ Zip
Phone:	Work	Home	Cell
Email:	WOIK	nome	Cell
Driver's License:			
		State/ Number	
What is your relationship t	o the property owner?		
	nation: nse or official identification form oving heriship, guardianship, or executor	of the owner's estate if you are n	ot the property owner.
	Deliver this form and requi	red documents to:	
	Harrison Co	ounty Treasurer Houston Suite 331	
and correct, and that up	eby certifies that this claim for property pont on payment of this claim said Claimant wany damages, claims, or losses of any kir	rill indemnify and hold harmless F	larrison County, the Treasurer and its
Claimant Signature			Date
Treas	urer's Office Representative		Date