



**REQUEST FOR UNCLAIMED MONEY
DISBURSEMENT**

**ANDERSON COUNTY
TREASURER TARA HOLLIDAY
703 N. MALLARD ST., SUITE 111
PALESTINE, TX 75801
(903) 723-7408**

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 owner?</i>				

ALL POSSIBLE PREVIOUS ADDRESSES: (INCLUDING 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 Anderson 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>Claimant's 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. _____