



REQUEST FOR UNCLAIMED MONEY DISBURSEMENT

MEDINA COUNTY
TREASURER JENNIFER KONEGNI
1300 AVENUE M, Room #121
HONDO, TX 78861
(830) 741-6110

CLAIMANT INFORMATION

Name (Last)	(First)	(Middle)	(Maiden)	Social Security # or TAX ID
Additional Owner (Last)	(First)	(Middle)	(Maiden)	Social Security # or TAX ID
Current mailing address				Daytime phone
City		State		Zip Code
Cause # (if available)				
What is your relationship to the property owner?				

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 Medina 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	Claimant's Signature	Date
Sign Here	Claimant's Signature	Date

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 #: _____