



REQUEST FOR UNCLAIMED MONEY DISBURSEMENT

MATAGORDA COUNTY
TREASURER CARMEN ANDREWS
2200 7TH STREET, SUITE 203
BAY CITY, TEXAS 77414

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				Datytme phone:
City	State			Zip Code

What is your relationship to this property owner?

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

ADDRESS	CITY	STATE	ZIP

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 Matagorda County, the Treasurer and its employees from any damages, claims, or losses of any kind from the payment of the property to the Claimant. The named Claimant hereby certifies that if the original check be found, the Claimant will return it immediately to the Matagorda County Treasurer to be voided.

Sign Here	Claimants Signature	Date
Sign Here	Additional Owner's Signature	Date

All Requests for Claims Distribution are to be Notarized

State of _____

Notary Seal

County of _____

Subscribed and sworn to (or affirmed) before me this

_____ day of _____ in the year 20 _____.

Signature of Notary Public

TREASURER'S OFFICE USE ONLY:

Date Claim Request Received: _____

Original Check No. _____

Reimbursement Check No. _____