

CLAIM FILING INSTRUCTIONS FOR BRAZORIA COUNTY

PLEASE SAVE THESE INSTRUCTIONS FOR YOUR USE.

1. Complete the Request for Unclaimed Money (all boxes required)
2. Have the form notarized
3. Provide photo identification (driver's license, state ID card, etc.) Showing your identity.
4. Proof associating you with the last known address provided to us by the reporting department – if the reporting department provided a last known address it might be the only information we have to determine rightful ownership. Photocopies of the following are acceptable: tax statements, receipts, bank statements, utility bills.
5. If no address is on file in the Treasurers Office the claimant **MUST** have a receipt or proof that they are entitled to the money.
6. Other documentation may be requested as needed.
7. If approved, all checks will be mailed to the claimant.

FEDERAL PRIVACY ACT, Disclosure of your social security number is required and authorized under law for the purpose of tax administration and identification of any individual affected by the applicable law. 42 U.S.C. § 405(c)(2) (C)(i); Tex. Gov't Code §§ 403.011, 403.015, 403.055, and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code



REQUEST FOR UNCLAIMED MONEY DISBURSEMENT

BRAZORIA COUNTY
TREASURER SHARON L. REYNOLDS
 111 E. Locust, Room 305
 Angleton, Texas 77515-4654
 (979)864-1353

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 this property owner?				

ALL POSSIBLE PREVIOUS ADDRESSES: (INCLUDE 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 Brazoria 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	Additional Owner'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 _____, 200_____

Printed Name of Notary Public _____

Signature of Notary Public _____

Notary Seal:

TREASURER'S OFFICE USE ONLY:

Date Claim request received: _____

Reimbursement Check No: _____