

 Aransas County	REQUEST FOR UNCLAIMED MONEY DISBURSEMENT		
	ARANSAS COUNTY TREASURER 2740 Hwy 35 N, Unit A, Rockport, Texas 78382 361-790-0132		
PROPERTY DESCRIPTION			
<i>Include Cause No.(If Applicable)</i>			
CLAIMANT INFORMATION			
<i>Name(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Maiden)</i> <i>Social Security # or TAX ID#</i>
<i>Additional Owner(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Maiden)</i> <i>Social Security# or TAX ID#</i>
<i>Current mailing address</i>			<i>Daytime phone</i>
<i>City</i>	<i>State</i>		<i>Zip code</i>
What is your relationship to this property owner?			
ALL POSSIBLE PREVIOUS ADDRESSES: (INCLUDE ANY P.O. BOXES OR RURAL ROUTE #'S)			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip code</i>
<i>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 Aransas County, the Treasurer and it's 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 Aransas County Treasurer to be voided.</i>			
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 appereated the above signed _____ Sworn and subscribed to before me this day of _____, _____. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Printed Name of Notary Public Notary Seal: </div> <div style="width: 45%;"> _____ Signature of Notary Public </div> </div>			
TREASURER'S OFFICE USE ONLY:			
Acct: _____		Reimbursement Check No.: _____	
Amount: _____		Date: _____	
		Date Claim request received: _____	
		Original Check No: _____	
		Date of Original Check: _____	

Aransas County

INSTRUCTIONS FOR FILING A CLAIM

(Please SAVE these instructions for your use)

1. Complete the Request for Unclaimed Money Disbursement form (all fields are required)
2. Sign the form in front of a Notary Public.
3. Bring the completed form in to the Aransas County Treasurer's Office at 2740 Hwy 35 N, Unit A Rockport, TX.
NOTE: The Owner of the Property (Claimant) must be the person coming in.
4. Present a photo identification (driver's license, state ID card, etc.) showing your identity
5. Present proof associating you with the last known address provided to us by the reporting department
(The last known address provided to our office by the reporting department may be the only information we have to determine the rightful ownership)
Photocopies of the following are acceptable: tax statements, receipts, bank statements, utility bills
6. If no address is on file in our office, the Claimant MUST have a receipt or some other type of proof that they are entitled to the property.
7. Other documentation may be requested as needed.
8. If Request for Unclaimed Money Disbursement is approved, the claim will be processed through the County's regular Accounts Payable routine and a check will be issued and mailed to the Claimant. Please make sure that our office has your CURRENT MAILING ADDRESS. If requested, other means of receiving your claim check may be discussed.
9. Keep in mind that if anytime in the future should the original check be found by you, you will immediately return this check or the amount of this check to the Aransas County Treasurer's Office.