



Coldspring-Oakhurst
CONSOLIDATED I.S.D.

To: Coldspring-Oakhurst CISD Business Office

Date: _____

RE: Unclaimed Property

Claimant's Current Contact Information:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Proof of Identification: Copy of claimant current driver's license, state identification card, passport, etc.

I would like to request payment of the following unclaimed property item(s) listed on your website:

Check Number: _____ Amount: _____

Check Number: _____ Amount: _____

Check Number: _____ Amount: _____

Check Number: _____ Amount: _____

Claimant Signature

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 Coldspring-Oakhurst CISD and its employees from any damages, claims, or losses of any kind resulting from the payment of the property to the Claimant.

Claimant's Signature: _____ Date: _____

Instructions:

Fill out this form, print, sign and send form with proof of identification via any of the three methods below:

Mail: ATTN: Business Office Unclaimed Property, PO Box 39, Coldspring, TX 77331

Email: rmayland@cocisd.org or business-communication@cocisd.org

Fax: 936-653-3031