



REQUEST FOR UNCLAIMED PROPERTY

CLAIMANT INFORMATION *

NAME/BUSINESS NAME:	_____	SOCIAL SECURITY NUMBER	_____
CURRENT ADDRESS:	_____	(LAST FOUR DIGITS ONLY)	_____
	_____	EMPLOYER IDENTIFICATION NUMBER	_____
	_____	(IF APPLICABLE)	_____
PREVIOUS ADDRESS:	_____	TELEPHONE NUMBER:	_____
	_____	EMAIL ADDRESS:	_____
	_____		_____

* Claimant must be 18 or older to claim property

PROPERTY INFORMATION

CHECK NUMBER:	_____	CHECK NUMBER:	_____
CHECK DATE:	_____	CHECK DATE:	_____
CHECK AMOUNT:	_____	CHECK AMOUNT:	_____
CHECK NUMBER:	_____	CHECK NUMBER:	_____
CHECK DATE:	_____	CHECK DATE:	_____
CHECK AMOUNT:	_____	CHECK AMOUNT:	_____

ATTACHMENTS

The following documents must be sent along with this claim form for the claim to be considered complete and valid.

- 1) Copy of Claimant's Social Security Number
- 2) Copy of Claimant's Driver's License or any Official form used for Identification
- 3) Proof of Previous Address (Utility Bill, Canceled Check, etc.)

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 Pflugerville ISD and its employees from any damages, claims, or losses of any kind resulting from the payment of the property to the Claimant.

CLAIMANT

DATE

CONTACT INFORMATION

Send signed form to Pflugerville ISD, ATTN: Finance Department

Mailing address: 1401 W Pecan St, Pflugerville, TX 78660

Fax Number: 512-594-0051

Email address:

invoice@pfisd.net

Telephone Number:

512-594-0000