



Unclaimed Property Request

I have noted that the following unclaimed property item listed on www.ccisd.net belongs to me.

CCISD Reference #: _____

Payee (must be exactly as shown on website): _____

Check Amount: _____

Check Date: _____

My current contact information is shown below:

Name: _____

Street Address: _____

City, State, Zip _____

Phone: _____

Email Address: _____

Employees, please provide your employee ID number: _____

Please mail this completed form and a **copy of your driver's license** to:
CLEAR CREEK INDEPENDENT SCHOOL DISTRICT
Education Support Center
Attn: Sarah Kovar
PO Box 799
League City, TX 77574

or email the form and a **copy of your driver's license** to
stomas@ccisd.net

By signing below, I hereby certify that I am the person named on the above uncashed check and that I am entitled to the replacement check requested. The information I have given on this form is true and correct. **I understand that any person who makes a false entry upon this record shall be subject to prosecution and penalties of perjury.**

Please issue a replacement check at a cost of \$25.00. I understand that my replacement check will be reduced by this fee. Please allow 6-10 weeks for reissue.

Signature of Requester

Date of Request