

Request for Unclaimed Property

	Claimant I	nformation	
Name/Business Name:		EIN/TIN #	
Current Address:		Previous Address:	
Attachment			
 Copy of driver's license/C Proof of social security ca 	older. The claimant must provide the follo Government issued ID ard (not required, but may help verify own provide an updated W9 form	-	
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 Belton ISD and its employees from any damages, claims, or losses of any kind resulting from the payment of the property to the Claimant.			
Claimant Signature			Date
Internal Use Only			
Processed By		Date	Amount Claimed
. 1000000u bj		2	
Old Check No.	Old Check Date	New Check No.	New Check Date
If you have any questions r	egarding unclaimed property, you may o	call (254) 215-2039 or email	Accountspayable@bisd.net

Mail to: Belton ISD

Accounts Payable P.O. Box 269 Belton, TX 76513