Unclaimed Property

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Mail, Fax, or Email to:

Fort Bend ISD
Business & Finance Dept.
16431 Lexington Blvd, #217
Sugar Land, TX 77479

Fax: 281-634-1706

Email: Business&Finance@fortbendisd.gov

OWNER INFORMATION

_____
Holder Name Tax ID/Employee ID

_____
Mailing Address

_____
City State ZIP code

_____
E-mail Address Phone number (Area code and number)

_____ _____ Type of Check: ☐ Accounts Payable ☐ Payroll
Check Number Claim Amount

Please provide proof of ownership (photocopy of your Driver's License) for each claim. A Form W9 is required for a business entity for an Accounts Payable check. A separate Claim Form is required for each claim.

INDEMNIFICATION AND AFFIDAVIT OF ORIGINAL OWNER

Upon payment by Fort Bend ISD of the claim described above, _____ agrees to indemnify and hold harmless Fort Bend ISD, its employees and agents from all losses, suits, actions or claims arising from or related to any other party who hereafter asserts or attempts to establish a right to payment of the above described funds.

FORT BEND ISD INDEMNIFICATION IS EFFECTIVE WHEN SIGNED.

Signature _____Title _____Date_____

FOR FBISD USE ONLY:

_____ _____
Processed by: Date

_____ _____
Approved by: Date