



UNCLAIMED PROPERTY REQUEST FORM

*Required Fields

*Date: _____

*First Name: _____ *Last Name: _____

Vendor Name (if applicable): _____

*Check Number: _____ *Check Date: _____ *Amount: _____

*Current Address: _____

*Email Address: _____ *Phone Number: _____

You may mail the completed form and support documents to:

Andrews ISD
ATTN: Business Office – UNCLAIMED PROPERTY
405 NW 3rd St
Andrews, TX 79714

OR

You may email the completed form and supporting documents to:

acctspayable@andrews.esc18.net

In addition to request form, please provide:

- Current AISD employees must provide a copy of your employee badge
- Individuals that are NOT current EISD employees must provide a copy of their current identification card or driver's license
- Business claimants must provide a business card in addition to a current driver's license

I hereby wish to claim my rightful ownership of these funds as noted above and affirm that the above mentioned check was never cash and will not be cashed if found at a later date.

*Signature

*Printed Name

*Date

Checks will be issued within 7-14 business days of receipt of request.