



**REQUEST FOR UNCLAIMED MONEY
DISBURSEMENT**

**BROWN COUNTY
TREASURER ANN KRPOUN
200 S. BROADWAY, SUITE 116
BROWNWOOD, TX
(325)646-6033**

CLAIMANT INFORMATION

Name (Last)	(First)	(Middle)	(Maiden)	Social Security # or TAX ID
Additional Owner (Last)	(First)	(Middle)	(Maiden)	Social Security # or TAX ID
Current mailing address				Daytime Phone () -
City	State			Zip Code
Cause # if Available				
What is your relationship to this property owner?				

ALL POSSIBLE PREVIOUS ADDRESSES: (INCLUDING ANY P.O. BOXES OR RURAL ROUTE #'S

Address	City	State	Zip Code

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 Brown County, the Treasurer and its employees from any damages, claims, or losses of any kind resulting from the payment of the property to the Claimant.

Sign Here	Claimant's Signature	Date
Sign Here	Additional Owner's Signature	Date

All Requests for Claims Distribution are to be Notarized:

THE STATE OF TEXAS, COUNTY OF _____; Before me, the undersigned authority, on this day personally appeared the above signed, _____, Sworn and subscribed to before me this day of _____, 20_____.

Printed Name of Notary Public

Signature of Notary Public

Notary Seal

TREASURER'S OFFICE USE ONLY:

Date Claim request received: _____

Reimbursement Check No. _____