



# HOLDER REQUEST FOR REIMBURSEMENT

State of \_\_\_\_\_ Report Year \_\_\_\_\_

## PART I HOLDER INFORMATION

Holder Name	Address	City	State	Zip
Tax ID#	Contact Email	Contact Telephone No.		

## PART II CLAIM INFORMATION

Property Code	Acct. Reference No. (If Aggregate – Specify)	Date Pd. To Owner/Acct. Reactivated *	Amount Paid
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Owner's Name (Exactly as on Report)	Owner's Address (As Listed on Report)
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Claimant's Name & Address (If Different than Owner)

**\*IF AMOUNT WAS REMITTED IN ERROR, ATTACH A SEPARATE SHEET DETAILING THE ERROR**

**Total Request for Reimbursement: \$ \_\_\_\_\_**

## PART III HOLDER CERTIFICATION

Sworn to and subscribed before me this  
 \_\_\_\_ day of \_\_\_\_\_, 2020  
 Notary: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_

I, \_\_\_\_\_ a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, or other property which was listed in the Report filed by the holder, have been paid to the rightful owner(s) or their appointed representative. I agree, upon payment of the above-described property to indemnify the State and hold it harmless from all claims and loss, demands, costs, and other expenses which the State may sustain by reason returning property to the holder and by reason further of its refusal to pay the property to any other person or persons:

Name and Title of Holder Representative (type or print) \_\_\_\_\_

Signature of Holder Representative \_\_\_\_\_ Date \_\_\_\_\_

# INSTRUCTIONS FOR HOLDER REQUEST FOR REIMBURSEMENT

A separate Holder Request for Reimbursement should be submitted for each report year and each claimant.

## PART I

HOLDER INFORMATION: Enter the name, address and Federal Tax ID number of the Holder, and the name and telephone number of the Holder's contact person.

## PART II

CLAIM INFORMATION: The information provided on this form **must** be identical to how the property was originally reported.

- 1) The NAUPA Property Code
- 2) Account/Reference Number, if any.
- 3) Date Paid to Claimant or Date Account Reactivated. **Evidence of payment to the rightful owner (or his/her representative) must be provided.**
- 4) Amount Holder remitted to the State.
- 5) Owner(s) name and Address as shown on the report.
- 6) Claimant(s) Name and Address, if different than the owner.
- 7) Total Reimbursement requested.

## PART III

HOLDER CERTIFICATION: This notarized statement must be completed before the State will process the request for reimbursement and make payment. Proof that the claimant was paid and entitled to the property must be maintained and is subject to audit and review by the State.