



STATE OF CONNECTICUT
 OFFICE OF THE STATE TREASURER
 UNCLAIMED PROPERTY DIVISION
 55 ELM STREET, 5TH FLOOR
 HARTFORD, CT 06106

HOLDER REQUEST FOR REIMBURSEMENT

FOR FUNDS PAID TO THE STATE ON
 DATE/AMOUNT OF HOLDER REPORT:

MONTH: _____ DATE: _____ YEAR: _____ AMOUNT: _____

Part I. Holder Information

Name of Holder	Tax ID	Street	City	State	Zip Code	Telephone Number

Part II. Claim Information (Please attach supporting documentation for this request/use separate sheet for additional properties)

Property Code-NAUPA Code	Account/Reference Number (If an aggregate, specify)	Owner(s) Name (Exactly as provided on report)	Owner's Address	Claimant(s) Name (If different than owner)	Claimant(s) Address (If different than owner(s))	Date Account Reactivated	Amount Paid
If amount was remitted in error, please attach a written explanation.						Total Amount of reimbursement	

Part III. Holder Certification

I, _____, a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, which were reported and remitted on a Report of Unclaimed Property filed by the holder have been paid to the rightful owner(s) or their representatives or were remitted in error to the State of CT. 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 of turning over the property to the holder and by reason further of its refusal to pay the property to any other person or persons.

Signature _____ Date _____ Subscribed and sworn to before me this _____ day of _____, 20_____

Print Name of Signatory: _____ Notary Signature, Date and Seal: _____