HOLDER REQUEST FOR REIMBURSEMENT
Kentucky Department of Treasury

PLEASE TYPE OR PRINT

PART I. HOLDER INFORMATION

Holder Name: _____ **FEIN:** _____ **Contact:** _____ **Tel:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

E-mail Address: _____

PART II. CLAIM INFORMATION

Owner(s) Name (Exactly as reported)	*Owner(s) Address*	*Date Paid to Claimant or Acct Reactivated*	*Year Reported*	*Acct/Reference # (If aggregate, specify)*	*Amount Paid*	*Amount of entire deposit in which this was contained*
If amount was remitted in error, please attach a written explanation.				**TOTAL AMOUNT OF REIMBURSEMENT**		

PART III. HOLDER CERTIFICATION

One of these must be attached to this claim: **Copy of cancelled replacement check to owner (front and back)**
Account reactivation document
ORIGINAL travelers checks/money orders

State of _____ County of _____ ss

I, _____, a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, which were listed in the Report of Unclaimed Property filed by the holder, have been paid to the rightful owners or their representatives. 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 □ □□ □ □□□□ □□ □ □ reason further of its refusal to pay the property to any other person or persons.

Signature of Representative _____ Date _____

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

Name of Representative (Type or Print) _____ Date _____

Notary Signature (and Seal) _____

Please mail to: ***KENTUCKY DEPARTMENT OF TREASURY, UNCLAIMED PROPERTY DIVISION, 1050 US HWY. 127 S., SUITE 100, FRANKFORT KY 40601***