

State of New Mexico - Taxation & Revenue Department
HOLDER'S REQUEST FOR REIMBURSEMENT

State of _____ Report Year _____ Report Total _____

PART I HOLDER INFORMATION

Holder Name _____ Address _____ City _____ State _____ ZIP Code _____
Tax ID# _____ Contact Name _____ Contact Phone Number _____

Contact Fax Number _____ Contact E-mail Address _____

PART II CLAIM INFORMATION

Property Code _____ Acct. Reference No. (if aggregate-specify) _____ Date Pd. to Owner/Acct. Reactivated* _____ Dollar Amount/Number of Shares _____

Owner's Name (exactly as on Report) _____ Owner's Address (as listed on Report) _____

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

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 representatives. I agree, upon payment of the above-described property to indemnify the State and hold it harmless for all claims and losses, demands, costs, and other expenses which the State may sustain by reason of returning property to the holder and by reason further of its refusal to pay the property to other person or persons:

Sworn to and subscribed before me this _____ day of _____, 20__

Notary: _____

My commission expires: _____

Name and Title of Holder Representative (type or print) _____

Signature of Holder Representative _____ Date _____