



**REQUEST FOR UNCLAIMED MONEY DISBURSEMENT**

**ARANSAS COUNTY TREASURER**  
301 N. Live Oak, Rockport, Texas 78382  
361-790-0132 Fax: 361-790-0165

**PROPERTY DESCRIPTION**

*Include Cause No.(If Applicable)*

**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	

What is your relationship to this property owner?

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

Address	City	State	Zip code
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*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 Aransas County, the Treasurer and it's employees from any damages, claims, or losses of any kind from the payment of the property to the Claimant. The named Claimant hereby certifies that if the original check be found, the Claimant will return it immediately to the Aransas County Treasurer to be voided.*

<b>Sign Here</b>	Claimant's signature	Date
<b>Sign Here</b>	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 \_\_\_\_\_, 2011.

Printed Name of Notary Public

Signature of Notary Public

Notary Seal:

**TREASURER'S OFFICE USE ONLY:**

Date Claim request received: \_\_\_\_\_

Acct: \_\_\_\_\_

Reimbursement Check

Original Check No: \_\_\_\_\_

No.: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Original Check: \_\_\_\_\_

Aransas County

INSTRUCTIONS FOR FILING A CLAIM

*(Please SAVE these instructions for your use)*

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1. Complete the Request for Unclaimed Money Disbursement form (all fields are required)
2. Sign the form in front of a Notary Public.
3. Bring the completed form in to the Aransas County Treasurer's Office at 301 N. Live Oak, Rockport, TX.  
NOTE: The Owner of the Property (Claimant) must be the person coming in.
4. Present a photo identification (driver's license, state ID card, etc.) showing your identity
5. Present proof associating you with the last known address provided to us by the reporting department  
(The last known address provided to our office by the reporting department may be the only information we have to determine the rightful ownership)  
Photocopies of the following are acceptable: tax statements, receipts, bank statements, utility bills
6. If no address is on file in our office, the Claimant MUST have a receipt or some other type of proof that they are entitled to the property.
7. Other documentation may be requested as needed.
8. If Request for Unclaimed Money Disbursement is approved, the claim will be processed through the County's regular Accounts Payable routine and a check will be issued and mailed to the Claimant. Please make sure that our office has your CURRENT MAILING ADDRESS. If requested, other means of receiving your claim check may be discussed.
9. Keep in mind that if anytime in the future you should the original check be found by you, you will immediately return this check to the Aransas County Treasurer's Office.