



HOLDER REQUEST FOR REIMBURSEMENT
 NORTH DAKOTA STATE LAND DEPARTMENT
 UNCLAIMED PROPERTY DIVISION
 PO BOX 5523
 BISMARCK ND 58506-5523
 (701) 328-2800
 SFN 19997 (01/00)

IMPORTANT
Property being requested for refund was sent to ND Unclaimed Property Division on: (mm/dd/yy)

PLEASE PRINT OR TYPE

PART I. HOLDER INFORMATION

Name of Holder	Holder FEIN	Address	City	State	Zip Code	Telephone Number ()
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PART II. CLAIM INFORMATION (For amounts \$50 or greater, please call Department prior to paying owner to ensure property is still unclaimed).

ACCOUNT/REFERENCE NUMBER	OWNER(S) NAME (Exactly as indicated on report)	OWNER(S) ADDRESS	CLAIMANT(S) NAME (If different than owner)	CLAIMANT(S) ADDRESS (If different than owner)	AMOUNT REQUESTED
If amount was remitted in error, please explain				TOTAL AMOUNT OF REIMBURSEMENT	

PART III. HOLDER CERTIFICATION

Sworn to and subscribed before me this					
_____ day of _____, _____.	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 Abandoned and 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 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.				
_____ Notary					
My Commission Expires _____					
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Signature of Holder Representative X</td> <td>Date</td> </tr> <tr> <td>Name of Representative (Type or Print)</td> <td>Date</td> </tr> </table>		Signature of Holder Representative X	Date	Name of Representative (Type or Print)	Date
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