



BUSINESS CLAIM REQUEST FORM

(Form Used To Request Payment By Officer, Owner or Successor of a Business)

McKinney ISD Business Services #1 Duvall Street McKinney, TX 75069	
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Select one of the following that best describes the type of business or organization reported as the owner.

- For Profit Corporation Not for Profit Corporation
 Sole Proprietorship Partnership
 Government Entity Other (Association or Group)

ORIGINAL BUSINESS INFORMATION

Reported Owner Name		Tax ID number	
Last Known Address			
City	State	ZIP code	
E-mail address		Phone number (Area code and number) ()	
Claim Amount	<input type="text"/>	Description	

CLAIMANT OWNER INFORMATION

Claimant name		Tax ID number	
Mailing address			
Position/Relationship		Phone number (Area code and number)	

Please provide proof of ownership for each claim. A separate Claim Form is required for each claim.

INDEMNIFICATION AND AFFIDAVIT OF ORIGINAL OWNER

Upon payment by McKinney ISD of the claim described above, _____ (Print Your Name)
 agrees to indemnify and hold harmless McKinney ISD, its employees and agents from all losses, suits, actions or claims arising from or related to any other party who hereafter asserts or attempts to establish a right to payment of the above described funds.

MCKINNEY ISD INDEMNIFICATION IS EFFECTIVE WHEN SIGNED.

Signature _____ Title _____ Date _____

If you have any questions regarding Unclaimed Property, you may call (469)742-4018
Our FAX number is (469) 742-4127.