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ORIGINAL OWNER CLAIM REQUEST FORM

(Form Used To Request Payment By Original Owner)

McKinney ISD Business Services #1 Duvall Street McKinney, TX 75069	
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ORIGINAL OWNER INFORMATION		
Holder name	Tax ID number/Social Security Number	
Mailing address		
City	State	ZIP code
E-mail address	Phone number (Area code and number) ()	
Claim Amount	<input style="width: 100px;" type="text"/>	Description

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