



Request for Unclaimed Money Disbursement

JACK COUNTY TREASURER KIM GIBBY

100 N. MAIN ST. RM 201

JACKSBORO, TX 76458

(940) 567-2251

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?			Check #/Cause # (if available)
POSSIBLE PREVIOUS ADDRESSES (that may associate you with this claim):			
Address	City	State	Zip Code
All Requests for Claims Distribution are to be Notarized. DO NOT SIGN UNLESS BEFORE A NOTARY.			
<p><i>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 Jack County, the Treasurer and its employees from any damages, claims, or losses of any kind resulting from the payment of the property to the Claimant.</i></p>			
Sign Here	Claimant's Signature	Date	
Sign Here	Additional Owner's Signature	Date	
<p>THE STATE OF _____, COUNTY OF _____; Before me, the undersigned authority, on this day personally appeared the above signed, _____.</p> <p>Sworn and subscribed to before me this _____ day of _____, 20_____.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"><i>Printed Name of Notary Public</i> <i>Signature of Notary Public</i></p>			
Notary Seal:		<p style="text-align: center; margin: 0;">For Treasurer's Use Only</p> <p>Date Claim Request Received: _____</p> <p>Reimbursement Check No: _____</p>	