



**REQUEST FOR UNCLAIMED MONEY  
DISBURSEMENT**

**VICTORIA COUNTY  
TREASURER PAIGE FOSTER  
205 N. BRIDGE, SUITE 110  
VICTORIA, TX 77901  
361-575-8588**

**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
Cause # if Available				
What is your relationship to this property owner?				

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

Address	City	State	Zip Code

*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 Victoria 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.*

<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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

Notary Seal

**TREASURER'S OFFICE USE ONLY:**

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

**Reimbursement Check No.**\_\_\_\_\_