



REQUEST FOR UNCLAIMED MONEY DISBURSEMENT

JEFFERSON COUNTY

TREASURER TIM FUNCHESS

1149 Pearl Street, Basement

Beaumont, Texas 77701

409/835-8509

Last Name: _____

First Name: _____

Middle Name: _____

(If Business) Exact Business Name: _____

Current Mailing Address _____

City _____

State _____

Zip Code _____

Day Phone Number and extension _____

() _____

Social Security Number of TAX ID number _____

Cause # if available _____

All Possible Previous Addresses: (Include any P.O. Boxes or Rural Route #'s)

Address _____

City _____

State _____

Zip Code _____

I certify that I am the above named person, and am requesting distribution of funds being held by Jefferson County Treasurer's Office.

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 _____, 201_____

Printed Name of Notary Public _____

Signature of Notary Public _____

NOTARY SEAL:

TREASURER'S OFFICE USE ONLY:

Date Claim request received: _____

Reimbursement Check No. _____

