



REQUEST FOR UNCLAIMED MONEY DISBURSEMENT

JEFFERSON COUNTY  
TREASURER CHARLIE HALLMARK  
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 or 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. \_\_\_\_\_

