

	<p>REQUEST FOR UNCLAIMED MONEY DISBURSEMENT</p> <p>JEFFERSON COUNTY</p> <p>TREASURER TIM FUNCHESS</p> <p>1149 Pearl Street, Basement</p> <p>Beaumont, Texas 77701</p> <p>409/835-8509</p>
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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 _____, 200_____

Printed Name of Notary Public _____

Signature of Notary Public _____

NOTARY SEAL:

TREASURER'S OFFICE USE ONLY: _____ Date Claim request received: _____

Reimbursement Check No. _____