



Office of Auditor of State Dennis Milligan

Holder Request for Reimbursement

SUBMIT BY MAIL:

1401 W. Capitol Ave., Ste. #325

LITTLE ROCK, AR 72201

SUBMIT BY EMAIL:

claimit@auditor.ar.gov

| PART I: HOLDER INFORMATION | | | | |
|----------------------------|--------------|---------------|-----------------|------|
| Name of Holder: | Address: | City: | State: | Zip: |
| Tax ID#: | Telephone #: | Contact Name: | E-mail Address: | |

| PART II: CLAIM INFORMATION (Note: Use only one form per owner) | | | | | | |
|--|---------------|---------------------------------------|--|--|-----------------------|--------------------------|
| Report Date | Property Code | Owner's Name (exactly as listed on | Owner's Address (exactly as listed on report) | Claimant's Name & Address (if different from owner) | Date Paid to Claimant | Amount for Reimbursement |
| | | | Street Address or P.O. Box | Name | | \$ |
| | | | City, State, Zip | Street Address or P.O. Box | | |
| | | | | City, State, Zip | | |

If amount was remitted in error, please explain:

| PART III: HOLDER CERTIFICATION | |
|--|--|
| <p style="text-align: center;">NOTARIZATION</p> <p>Sworn to and subscribed before me this _____ day of _____, 20____</p> <p>Notary: _____</p> <p>My Commission Expires: _____</p> <p style="text-align: center; color: lightblue; font-weight: normal;">PLACE SEAL HERE</p> | <p>I, _____, a duly authorized employee of the holder listed above, do hereby certify that the above-listed funds, or other property which was listed in the unclaimed property report which was filed by the holder, have been paid to the rightful owner(s) or their appointed representative. I agree, upon payment of the above-described property, to indemnify the State of Arkansas and hold it harmless from all claims and losses, demands, costs, and other expenses which the State of Arkansas may sustain by reason of turning over property to the holder and by further reason of its refusal to pay the property to any other person or persons.</p> <p>Name of Representative (type or print): _____</p> <p>Signature of Holder Representative: _____ Date: _____</p> |