

RED RIVER COUNTY UNCLAIMED PROPERTY

ORIGINAL OWNER CLAIM REQUEST FORM

(FORM USED TO REQUEST PAYMENT BY ORIGINAL OWNER)

RED RIVER COUNTY AUDITOR'S OFFICE
UNCLAIMED PROPERTY DIVISION
CLAIMS SECTION
200 NORTH WALNUT STREET
CLARKSVILLE, TEXAS 75426

HOLDER NAME		TAX ID NUMBER	
MAILING ADDRESS			
CITY		STATE	ZIP CODE
E-MAIL ADDRESS		PHONE NUMBER (AREA CODE AND NUMBER)	
CALIM AMOUNT	DESCRIPTION		

Please provide proof of ownership for each claim. A separate Claim Form is **required** for each claim.

REQUIRED: Copy of State Issued DL or ID

INDEMNIFICATION AND AFFIDAVIT OF ORIGINAL OWNER

Upon payment by the Red River Auditor's Office of the claim described above, _____ (PRINT YOUR NAME) agrees to indemnify and hold harmless Red River County, its employees and agents from all losses, suits, actions, or claims arising from or related to any other party who hereafter asserts or attempts to establish a right to payment of the above described funds.

COUNTY AUDITOR AND RED RIVER COUNTY INDEMNIFICATION IS EFFECTIVE **WHEN SIGNED**.

SIGNATURE _____ TITLE _____
DATE _____

If you have any questions regarding Unclaimed Property, you may call (903)427-2131 or our fax number is (903) 427-5216.

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552 Government Code. To request information for review or to error correction, contact us at the address or phone number listed on this form.