

Texas Unclaimed Property Division

# Holder Refund and Reimbursement Request Form

<b>Comptroller of Public Accounts</b> <b>Unclaimed Property Division, Research and Correspondence Section</b> <b>P.O. Box 12046</b> <b>Austin, TX 78711-2046</b>
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Holder Information:			
Holder name		Tax ID number	
Mailing address			
City		State	ZIP code
Email address		FAX number (Area code and number) (       )	
Department	Phone (Area code and number) (       )		Extension

Property Information: Property #1 * for additional properties, use Form 53-117 (cash) or 53-130 (shares)				
Report year	Report amount	Property type code	Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No	Property amount
Owner name as indicated on report				
Owner address			Reason for request <input type="checkbox"/> Paid owner directly (Proof of payment attached) <input type="checkbox"/> Reported in error (Explanation attached)	
Property description				

Indemnification and Affidavit of Officer	
<p>Upon payment by the Texas Comptroller of Public Accounts of the reimbursement/refund requested here,</p> <p>_____ agrees to indemnify and hold harmless the Comptroller,</p> <p style="text-align: center;"><small>COMPANY NAME</small></p> <p>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 requested funds.</p>	
<b>sign here</b>	Date
Print name	Title

If you have any questions regarding this form, call 1-800-321-2274 or 512-463-3040.  
 Our FAX number is 1-888-908-9991 or 512-936-6224.