KISD Unclaimed Property Owner Claim Form

			Claim Number:	
	_		claimant AND additional owr	mber (not required, but may help ociated with property;
		CLAIMANT INFO	RMATION	
Name: (Last)	(First)	(Middle)	(Maiden Name)	Social Security Number:
Additional Owner (Last)	(First)	(Middle)	(Maiden Name)	Social Security Number:
Current Mailing Address	<u> </u>			Daytime Phone
				(Area Code + Number)
City:			State:	ZIP Code:
E-mail Address:				Fax Number (Area Code + Number)
	PROPERTY	'INFORMATION - FO	R INTERNAL USE ONLY	
Property ID:	Property Amount:		Claim Amount:	Property No:
Reported Property Owner:			Additional Owner:	
Property Type:			Description:	
Year Reported:	Last Active Date	e:	Reporting Campus:	
Indicate your wishes bel	ow:			
Send Check	to above address		Donate Funds to KISD Educati	ion Foundation
correct, and that upon paym	ent of this claim said Clai	mant will indemnify and h	ndoned is valid and just, that all sold harmless the Killeen Independent	dent School District
and its employees from any damages, claims, or losses of any kind resulting from the payment of the above price sign Claimant's signature				Date:
here sign Additional Owner's signature			Date:	
here				Date.
		FOR INTERNAL U	ISE ONLY	
Issue:				Claim Number:
Approved By:	Da	te:	Number of Properties:	Amount Claimed:
Mail to: KISD Treasury - Unclaimed Property P.O. Box 967 Killeen TX 76540			If you have any questions regarding Unclaimed Property, you may call 254-336-0026 or e-mail cathy.holland@killeenisd.org	