

Instructions for Filing Unclaimed Property Claim in Gillespie County

1. Complete the Request for Unclaimed Money (all boxes required).
2. Provide a copy of your Driver's License or any official form used for identification.
3. Pending the type of claim, you may be required to show documented proof of having lived at or done business at the last known address reported with the property.
Photocopies of the following are acceptable: tax statements, receipts, bank statements and utility bills.
4. You must also provide legal documentation that you are the Power of Attorney, legal heir or parent, legal custodian of a minor claimant or guardian of a claimant that is a minor child or incapacitated person.
5. If no address is on file in the Treasurer's Office, the claimant **MUST** have a receipt of proof that they are entitled to the money.
6. Other documentation may be requested as needed.
7. If approved, a check will be mailed to the address listed on the claim form or may be picked up in the Gillespie County Treasurer's office.

FEDERAL PRIVACY ACT, Disclosure of your social security number is required and authorized under law for the purpose of tax administration and identification of any individual affected by the applicable law. 42 U.S.C § 405(C) (2) (C)(i); Tex. Gov't Code §§403.011, 403.015, 403.055, and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code.



Unclaimed Property Claim Form

**Gillespie County Treasurer,
 Vicki J. Schmidt
 101 W. Main St., Room 106
 Fredericksburg, TX 78624
 (830) 997-6521**

CLAIMANT INFORMATION

Name (Last)	(First)	(Middle)	(Maiden)	Social Security # or TAX ID
Additional Owner (Last)	(First)	Middle	(Maiden)	Social Security # or TAX ID
Current mailing address				Daytime Phone () -
City	State			Zip Code
Cause # if available				
What is your relationship to this property owner?				

ALL POSSIBLE PREVIOUS ADDRESSES: (INCLUDING ANY P.O. BOXES OR RURAL ROUTE #'S)

Address	City	State	Zip Code

By signing below, I hereby apply for a refund of the unclaimed property and certify that the information I have given on this form is true and correct. I understand that any person who makes a false entry upon this record shall be subject to fines and/or imprisonment.

Sign Here	Claimant's Signature	Date
Sign Here	Additional Owner's Signature	Date

TREASURER'S OFFICE USE ONLY:	Date Claim request received:	
	Reimbursement Check No.:	