Mesquite Independent School District Unclaimed Property
General Claim Form

CLAIMANT INFORMATION

Name (Last) (First) (Middle) (Maiden) SSN/ Estate or Trust Tax ID Number

_____ _____

Current Mailing Address Daytime Phone (Area Code and Number)

_____ _____

City State ZIP Code

_____ _____ _____

Email Address FAX (Area Code and Number)

_____ _____

The named Claimant hereby certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim said Claimant will indemnify and hold harmless the Mesquite Independent School District and its employees from any damages, claims or losses of any kind resulting from the payment of the property to the Claimant.

Claimant's Signature Date

_____ _____

PLEASE *DO NOT* WRITE BELOW THIS LINE

FOR INTERNAL USE ONLY

Issued To

_____

Approved By Date Number of Properties Total Amount of Claim

_____ _____ _____ _____

If you have any questions regarding Unclaimed Property, you may call (972) 882-7321.

Mail Completed Form To: Mesquite Independent School District
Attn: Debbie Faires
405 E. Davis Street
Mesquite, TX 75149