



STATE OF CONNECTICUT
OFFICE OF THE STATE TREASURER
UNCLAIMED PROPERTY DIVISION
165 CAPITOL AVENUE, 2ND FLOOR
HARTFORD, CT 06106

HOLDER REQUEST FOR REIMBURSEMENT

FUNDS PAID TO THE STATE ON DATE; DOLLAR
AMOUNT OF ORIGINAL HOLDER REPORT:

MONTH: ___ DATE: ___ YEAR: _____ AMOUNT: _____
REPORT #: _____

Part I. Holder Information

Name of Holder	Tax ID	Street	City	State	Zip Code	Telephone Number

Part II. Claim Information (Please attach supporting documentation for this request/use separate sheet for additional properties)

Property Code-NAUPA Code	Account/Reference Number (If an aggregate, specify)	Owner(s) Name (Exactly as provided on report)	Owner's Address	Claimant(s) Name (If different than owner)	Claimant(s) Address (If different than owner(s))	Date Account Reactivated	Amount Paid
If amount was remitted in error, please attach a written explanation.						Total Amount of reimbursement	

Part III. Holder Certification

I, _____, a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, which were reported and remitted on a Report of Unclaimed Property filed by the Holder have been paid to the rightful owner(s) or their representatives. I agree, upon payment of the above described property, to indemnify the State and hold it harmless from all claims and loss, demands, costs, and other expenses which the State may sustain by reason of turning over the property to the holder and by reason further of its refusal to pay the property to any other person or persons.

Print Name of Signatory: _____ Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Signature, Date and Seal: _____