



El Paso County Auditor's Office
320 S. Campbell Street, Suite 140
El Paso, Texas 79901
(915) 273-3262 and Fax (915) 273-3266

Request for Unclaimed Property Distribution

INFORMATION ON CLAIMANT

Last Name	First Name	Middle Name	Maiden Name	Social Security # or Tax ID
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Please include any aliases, additional owners or company business names:

Last Name	First Name	Middle Name	Maiden Name	Social Security # or Tax ID
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Mailing Address	Telephone Number ()
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City / Town	State	Zip
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Case # (if Available)	Claim Amount
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Please include all previous addresses, include PO Box and rural route # addresses:

Address	City/Town	State	Zip Code
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Address	City/Town	State	Zip Code
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Address	City/Town	State	Zip Code
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Claimant certifies that he/she is the individual(s) stated and that this claim of abandoned property is valid that this statement is true and correct. Furthermore, claimant indemnifies and will hold harmless El Paso County, the Auditor's Office and its employees from any damages, claims, and/or losses of any kind resulting from the payment of funds to the claimant.

Sign Here →	Claimant's Signature	Date
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Sign Here →	Additional Owner's Signature	Date
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*******ALL REQUESTES FOR CLAIM DISTRIBUTION MUST BE NOTARIZED *******

THE STATE OF TEXAS
COUNTY OF EL PASO

Before me, the undersigned authority, on this day personally appeared the above signed,
_____, Sworn and subscribed before me this day
of _____, 20_____.

(seal)

Notary Public