HOLDER REQUEST FOR REIMBURSEMENT

NORTH DAKOTA DEPARTMENT OF TRUST LANDS
UNCLAIMED PROPERTY DIVISION
PO BOX 5523
BISMARCK ND 58506-5523
(701) 328-2800
SFN 19997 (01/00)

IMPORTANT

Property being requested for refund was sent to ND Unclaimed Property Division on: (mm/dd/yy)

PLEASE PRINT OR TYPE

PART I. HOLDER INFORMATION

Name of Holder	Holder FEIN	Address	City	State	Zip Code	Telephone Number ( )
Holder E-mail:						

PART II. CLAIM INFORMATION (For amounts $50 or greater, please call Department prior to paying owner to ensure property is still unclaimed).

ACCOUNT/REFERENCE NUMBER	OWNER(S) NAME (Exactly as indicated on report)	OWNER(S) ADDRESS	CLAIMANT(S) NAME (If different than owner)	CLAIMANT(S) ADDRESS (If different than owner)	AMOUNT REQUESTED
If amount was remitted in error, please explain				**TOTAL AMOUNT OF REIMBURSEMENT**	

PART III. HOLDER CERTIFICATION

State of _____)
) ss
County of _____)

Sworn to and subscribed before me this:
_____ day of_____, _____.

_____
NOTARY SIGNATURE

My Commission Expires _____

I, _____, a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, which were listed in the Report of Abandoned and Unclaimed Property filed by the holder have been paid to the rightful owners 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.

Signature of Holder Representative **X**	Date
Name of Representative (Type or Print)	Date