



HOLDER REQUEST FOR REIMBURSEMENT

UP-4

State of _____ Report Year _____

PART I HOLDER INFORMATION

Holder Name	Address	City	State	Zip
Tax ID#	Contact	Contact Telephone No.		

PART II CLAIM INFORMATION

Property Code	Acct. Reference No. (If Aggregate – Specify)	Date Pd. To Owner/Acct. Reactivated *	Amount Paid
Owner's Name (Exactly as on Report)		Owner's Address (As Listed on Report)	
Claimant's Name & Address (If Different than Owner)			

Total Request for Reimbursement: \$ _____

PART III HOLDER CERTIFICATION

Sworn to and subscribed before me this
_____ day of _____, 2016

Notary: _____

My commission expires: _____

I, _____ a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, or other property which was listed in the Report filed by the holder, have been paid to the rightful owner(s) or their appointed representative. 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 returning property to the holder and by reason further of its refusal to pay the property to any other person or persons:

Name and Title of Holder Representative (type or print) _____

Signature of Holder Representative _____ Date _____