



# Office of Auditor of State Andrea Lea

## Holder Request for Reimbursement

**SUBMIT BY MAIL:**  
 1401 W. Capitol Ave., Ste. #325  
 LITTLE ROCK, AR 72201

**SUBMIT BY FAX:**  
 (501) 683-4285

PART I: HOLDER INFORMATION				
Name of Holder:	Address:	City:	State:	Zip:
Tax ID#:	Telephone #:	Contact Name:	E-mail Address:	

PART II: CLAIM INFORMATION (Note: Use only one form per owner)						
Report Date	Property Code	Owner's Name (exactly as listed on	Owner's Address (exactly as listed on report)	Claimant's Name & Address (if different from owner)	Date Paid to Claimant	Amount for Reimbursement
			Street Address or P.O. Box	Name		\$
			City, State, Zip	Street Address or P.O. Box		
				City, State, Zip		

If amount was remitted in error, please explain:

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PART III: HOLDER CERTIFICATION	
<p style="text-align: center;"><b>NOTARIZATION</b></p> <p>Sworn to and subscribed before me this _____ day of _____, 20____</p> <p>Notary: _____</p> <p>My Commission Expires: _____</p> <p style="text-align: center; color: lightblue; font-weight: normal;">PLACE SEAL HERE</p>	<p>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 unclaimed property report which was 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 of Arkansas and hold it harmless from all claims and losses, demands, costs, and other expenses which the State of Arkansas may sustain by reason of turning over property to the holder and by further reason of its refusal to pay the property to any other person or persons.</p> <p>Name of Representative (type or print): _____</p> <p>Signature of Holder Representative: _____ Date: _____</p>