



Unclaimed Property

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Mail, Fax, or Email to:

Fort Bend ISD
Business & Finance Dept.
16431 Lexington Blvd, #217
Sugar Land, TX 77479

Fax: 281-634-1706

Email: Business&Finance@fortbendisd.com

OWNER INFORMATION

Holder Name		Tax ID/Employee ID		
Mailing Address				
City		State	ZIP code	
E-mail Address		Phone number (Area code and number)		
Claim Amount	Check Number	Type of Check:	Accounts Payable	Payroll

Please provide proof of ownership (photocopy of your Driver's License) for each claim. A Form W9 is required for a business entity for an Accounts Payable check. A separate Claim Form is required for each claim.

INDEMNIFICATION AND AFFIDAVIT OF ORIGINAL OWNER

Upon payment by Fort Bend ISD of the claim described above, _____ agrees to indemnify and hold harmless Fort Bend ISD, its employees and agents from all losses, suits, actions or claims arising from or related to any other party who hereafter asserts or attempts to establish a right to payment of the above described funds.

FORT BEND ISD INDEMNIFICATION IS EFFECTIVE WHEN SIGNED.

Signature _____ Title _____ Date _____

FOR FBISD USE ONLY:

Processed by: _____ Date _____

Approved by: _____ Date _____