

Unclaimed Property Request

I have noted that the follow	wing unclaimed		1	
CCISD Reference #:	<u>www.ccisu.net</u>	belongs to me.		
Payee (must be exactly				
Check Amount:				
Check Date:				
My current contact inform	nation is shown	below:		
Name:				
Street Address:				
City, State, Zip				
Phone:				
Email Address:				
Employees, please provide	e your employe	e ID number:		
Please	CL	pleted form and a <b>copy</b> EAR CREEK INDEPENDE Education Supp Attn: Nancy PO Box 7 League City, T form and a <b>copy of you</b> <u>nburge@ccisd.net</u>	NT SCHOOL E port Center y Burge 799 X 77574 r driver's lice	DISTRICT
	-			ncashed check and that I am this form is true and correct.

I understand that any person who makes a false entry upon this record shall be subject to prosecution and penalties of perjury.

Please issue a replacement check at a cost of \$25.00. I understand that my replacement check will be reduced by this fee. Please allow 6-10 weeks for reissue.

Signature of Requester

Date of Request