

PLEASE TYPE OR PRINT AND RETURN TO  
**Wyoming State Treasurer**  
**Unclaimed Property Division**  
**200 West 24<sup>th</sup> Street**  
**Cheyenne, WY 82002**  
**307-777-5590**

# HOLDER REQUEST FOR REIMBURSEMENT

For Funds Paid to the State of Wyoming on \_\_\_\_\_

**NOTE: Please attach proof of payment to the owner when submitting this form, if applicable.**

**PART I. HOLDER INFORMATION**

Name of Holder \_\_\_\_\_ Holder FEIN \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone Number \_\_\_\_\_

**PART II. CLAIM INFORMATION**

Property Code	Account/Reference Number (If Aggregate, specify)	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)	Date Paid to Claimant or Account Reactivated	Amount Paid

If amount was remitted in error, please attach a written explanation. **TOTAL AMOUNT OF REIMBURSEMENT**

**PART III. HOLDER CERTIFICATION**

Supporting documentation is attached

State of \_\_\_\_\_ County of \_\_\_\_\_

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), their appointed representative or that the funds were remitted in error. 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 returning 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 \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name of Representative (Type or Print) \_\_\_\_\_

Notary Signature \_\_\_\_\_

Place Notary Seal Here