UNCLAIMED PROPERTY
WYOMING STATE TREASURER

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

PLEASE RETURN TO
Wyoming State Treasurer
Unclaimed Property Division
Herschler Building East
122 West 25th St., Suite E300
Cheyenne, WY 82002
307-777-5590