

**Arizona Department of Revenue
HOLDER REIMBURSEMENT REQUEST FORM**

1

Owner Information				
Report Year	Report Amount	Property Type Code	Aggregate <input type="checkbox"/> YES <input type="checkbox"/> NO	Property Amount
Owner's Name as Indicated on Report				
Additional Owner as Indicated on Report				
Owner's Street Address				
Owner's City or Town			Owner's State	Owner's ZIP Code
Property Description				

2

Holder Information		
Holder Name		
Tax Identification Number		
Mailing Address		
City or Town		State
Contact Person		Title
Telephone Number	E-mail Address	

3

I depose and swear under oath that I am authorized to make this affidavit as a duly authorized officer. Based upon personal knowledge, the information provided by the reporting institution (holder) to substantiate payment to the owner or reinstatement of the remitted account is true and correct. By demonstrating that the owner, or his/her personal representative was paid or reinstated, I hereby certify this claim for reimbursement is valid and just. Upon payment by the Arizona Department of Revenue of the reimbursement described above, the reporting institution (holder), herein named, agrees to indemnify and hold harmless the State of Arizona, its employees and agents from any and all liability, claims, demands, losses, suits, or actions, arising from or related to any other party who hereafter asserts or attempts to establish right to payment of the above described funds to the extent of the value of the property so paid or delivered.

4

Signature _____	Date _____
Subscribed and Affirmed before me by: _____	
this _____ day of _____, 20 _____.	
State of _____	County of _____
_____ Notary Public Signature	(Affix Seal Here)

MAIL TO: Arizona Department of Revenue • Unclaimed Property Unit • PO Box 29026 • Phoenix, AZ 85038-9026
For assistance in the Phoenix area: (602) 364-0380 or outside the Phoenix area toll free: (877) 492-9957
<https://azdor.gov/unclaimed-property>