Arizona Department of Revenue • Unclaimed Property Section

HOLDER REIMBURSEMENT REQUEST FORM

Date Paid to Owner or Reinstated: MM/DD/YYYY	Report Year: YYYY	Remitted Amount: $
Reported Name(s): If aggregate, *specify.*		Account Number:

Proof of payment to customer/rightful owner must accompany this request.

AUTHORIZATION AND INDEMNITY AGREEMENT

As a duly authorized officer of the reporting institution (holder) _____, Federal Tax ID No. _____, I depose and swear under oath that I am authorized to make this affidavit. 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.

By	Street Address
Title	City, State, Zip
Date	(_____) Telephone

Please mail completed form and documentation to:

Arizona Department of Revenue
Unclaimed Property
PO Box 29026
Phoenix, AZ 85038-9026

FOR DOR USE ONLY

PID No. _____

Claim No. _____

Date Processed _____

By _____

APPROVED ☐ DENIED ☐