

Laura Pospichal, Treasurer
613 Hutchings Avenue, Room 304
Ballinger, Texas 76821
325-365-2428

Last Name: _____ First Name: _____ Middle Name: _____

Exact Company or Business Name: _____

Current Mailing Address: _____

All previous addresses, including PO Box or Rural Route Number:

Contact Phone Numbers: Home: _____
Cell: _____
Work: _____

Social Security # _____ Federal Tax ID# _____

Cause Number/Dept, if available: _____

I certify that I am the above named person and am requesting distribution of funds being held by the Runnels County Treasurer's Office.

Signature

Date

ALL REQUESTS FOR CLAIM DISTRIBUTION ARE TO BE NOTARIZED:

The state of TEXAS, County of Runnels: Before me, the undersigned authority, on this day personally appeared the above signed, _____

Sworn and subscribed to before me this _____ day of _____, 20____.

Signature

Date

Date Claim Request Received: _____
Reim Check Number & Date: _____