Bastrop Independent School District Unclaimed Property Claim Form

*Denotes Required Field		
*Date		
*First Name	*Last Name	
*Check Number	*Check Date	*Amount
*Current Address		
Email Address		
*Phone Number		
*Address at date of original c	heck issue (if different from th	e above address)
You may mail your completed Bastrop l ATTN: Ti 906 Farm	Independent School District heresa Fierro - Unclaimed Proj	
OR		
You may email your complete the third the triangle that the triang		
 Individuals who are no current driver's license 	mployees must provide a copy ot current Bastrop ISD employ e	of their security badge ees must provide a copy of their ad their current driver's license
	htful ownership of these funds never cashed and will not be ca	s as noted above and affirm that the ashed if found at a later date.
*Signature	*Printed Name	*Date Signed

Replacement checks will be issued within approximately 30 days of receipt of request.