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 check issue (if different from the above address)

_____________________________________________________

You may mail your completed form to:

Bastrop Independent School District
ATTN: Theresa Fierro - Unclaimed Property
906 Farm Street
Bastrop, TX  78602

OR

You may email your completed form to:

tfierro@bisdtx.org

In addition to the claim form:

- Current Bastrop ISD employees must provide a copy of their security badge
- Individuals who are not current Bastrop ISD employees must provide a copy of their current driver’s license
- Business claimants must provide a business card and their current driver’s license

I hereby wish to claim my rightful ownership of these funds as noted above and affirm that the above mentioned check was never cashed and will not be cashed if found at a later date.

__________________________________________  ________________________________  _________________________
*Signature                                      *Printed Name                         *Date Signed

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