



**Nevada Treasury
Unclaimed Property**
UnclaimedProperty@NevadaTreasurer.gov
www.NVUP.gov

REQUEST FOR HOLDER REIMBURSEMENT/REFUND

Instructions: This form is to be used to request a refund for specific properties or for an entire report. If your request is due to a duplicate payment or overpayment, please refer to the UP-5 Request for Holder Refund due to Over/Duplicate Payment. Please email this completed, notarized form to UnclaimedProperty@NevadaTreasurer.gov. Proof that the property was reimbursed or otherwise should be refunded is required to be submitted with this form.

HOLDER INFORMATION		
Holder Information:	Tax/FEIN Number:	
Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Phone Number:	Fax Number:

PROPERTY INFORMATION		
Report Year:	Report Amount:	Property Type:
Date Paid to Owner:	Amount Paid to Owner:	Number of Shares:
Name as indicated on Report (owner):		Is this Aggregate? Yes No
Owner Address:		

FOR REIMBURSEMENT: COPY OF PROOF OF PAYMENT MADE TO RIGHTFUL OWNER MUST ACCOMPANY REQUEST.

HOLDER INDEMNIFICATION AND AFFIDAVIT

I, _____, a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, or other property that was listed in the report filed by the holder have been paid to the rightful owner(s) or their appointed representative. I agree, upon payment of the above described property, to indemnify the state of Nevada and hold it harmless from all claims and losses, demands, costs, and other expenses which the State may sustain by reason of turning over property to the holder and by reason further of its refusal to pay the property to any other person or persons:

FOR AMOUNT REPORTED IN ERROR, A DETAILED EXPLANATION WITH SUPPORTING DOCUMENTATION MUST ACCOMPANY REQUEST.

Name of Representative (type or print legibly) _____ Title _____

Signature of Holder Representative _____ Date _____



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1 State of Nevada Way, 4th Floor, Las Vegas, NV 89119

Notary

(Notary Stamp)

Sworn to and subscribed before me this

_____ day of _____ 20 _____

Notary: _____

My Commission expires: _____