



CLEBURNE ISD BUSINESS DEPARTMENT  
UNCLAIMED PROPERTY CLAIM FORM

*Please fill out the form in its entirety.*

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address at date of original check issue if different than current address:

\_\_\_\_\_

\_\_\_\_\_

Mail completed form to:

CLEBURNE INDEPENDENT SCHOOL DISTRICT  
Attn: Cinthia Green  
505 North Ridgeway Drive, Suite 100  
Clebune, TX 76033

**In addition to the claim form:**

- Current CISD employees must provide a copy of their security badge or valid ID.**
- Individuals NOT employed by CISD must provide a copy of their current driver's license.**
- Business claimants must provide a business card in addition to a current driver's license.**

**OR**

You may fax to 817-202-1461, Attn: Cinthia Green

**OR**

Email: [cgreen@c-isd.com](mailto:cgreen@c-isd.com) with attachments.

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

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date Signed

Checks will be issued within approximately 30 days of the receipt of request. Please contact Cinthia Green at 817-202-1134, with any additional questions.