



Espanola 505-753-2105
Cuba 575-289-3241
Jemez Springs 575-829-3550

Unclaimed Property Request

MEMBERS INFORMATION

Member/Business Name: _____
Member Number
(if known): _____
Years of Service To/From: _____
Members Previous Address: _____

REQUESTER'S INFORMATION

Requester's Name: _____
Relation to Member: _____
Requester's Address: _____

Contact Number (required): _____

Reason for Request:
(Check one)

MAILED TO INCORRECT ADDRESS _____

- Provide correct address under the "Requester's Address" on this form

MEMBER IS DECEASED _____

- Must fill out Capital Credit Claim Application for Deceased Patron

BUSINESS OWNER _____

- Must provide: Federal Tax ID & documentation that the requester is authorized to collect unclaimed property on behalf of the company

LEGAL NAME CHANGE _____

- Must provide: Court Order showing change of name/ Marriage License/Divorce decree/Driver's License

OTHER _____

- Explain reason for request _____

NAME ON REISSUED CHECK: _____

Signature of Requester: _____ **Date:** _____

Office use only

Information Verified by: _____	Date Received: _____
Approved by: _____	Reissue Check: ____ yes ____ no
CC Member #: _____	Check Reissued by: _____
	Date Reissued: _____