Comptroller of Public Accounts Form 53-117 (Rev. 7-01/1)

TEXAS UNCLAIMED PROPERTY

HOLDER CLAIM FORM SUPPLEMENT

(to be used with the Holder Refund Request Form or the Holder Reimbursement Request Form)

HOLDER INFORMATION								
Holder Name:					Tax ID Number:			
					l.			
PROPERTY INFORMATION								
Report Year:	Report Amount:	Property Type:	Aggregate:	Property Amount:		Claim Amount:	No. of Shares:	
1			Yes No					
Owner Name as Indicated on Report:				Owner Address:				
Owner Name a			Owier Address.					
Property Description:								
PROPERTY INFORMATION								
Report Year:	Report Amount:	Property Type:	Aggregate:	Property Amount:		Claim Amount:	No. of Shares:	
			Yes No					
Owner Name as Indicated on Report: Owner Address:								
	1							
Provide Description								
Property Description:								
PROPERTY INFORMATION								
Report Year:	Report Amount:	Property Type:	Aggregate:	Property Amount:		Claim Amount:	No. of Shares:	
			Yes No					
Owner Name as Indicated on Report:				Owner Address:	Owner Address:			
Property Description:								
Troperty Description.								
PROPERTY INFORMATION								
			T .	T = .		T	T	
Report Year:	Report Amount:	Property Type:	Aggregate: Yes No	Property Amount:		Claim Amount:	No. of Shares:	
Owner Name a			Owner Address:					
Property Description:								
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