

## UNCLAIMED PROPERTY CAPITAL CREDITS FOR COUNTIES

### How to request capital credits

The county judge and/or commissioners court must complete and submit the **form below**.

- The form must be signed by a representative of the commissioners court or the county judge.
- The form must include the complete name, address and federal tax identification number of the commissioners court. Funds will be paid directly to the court.

COUNTY REQUEST FOR CAPITAL CREDITS	
County Name <u>WALLER</u>	County FEIN <u>[REDACTED]</u>
Authorized by <input checked="" type="checkbox"/> Judge <input type="checkbox"/> Commissioners Court	
Name of County Judge <u>CARBETT "TREY" J. DUHON III</u>	Approved Date <u>8-1-24</u>
<b>SEND THE REQUESTED FUNDS TO:</b>	
Address <u>425 FM 1488, STE 106</u> City <u>HEMPSTEAD</u> State <u>TX</u> Zip <u>77445</u>	
I acknowledge that the purpose of the funds complies with provisions of Texas Local Government Code, Section 381.004.	
Name (printed) <u>CARBETT "TREY" J. DUHON III</u>	Title <u>County Judge</u>
Signature <u>[Signature]</u>	Date <u>8-1-24</u>
Email Address <u>t.duhon@wallercounty.us</u>	Phone <u>979-826-7700</u>
Submit signed and completed form by either mail, email or fax by July 31, 2024.	
<b>Mail</b> Texas Comptroller of Public Accounts Unclaimed Property Division Holder Education and Reporting section P.O. Box 12019 Austin, Texas 78711-2019	<b>Email</b> <a href="mailto:up.holder@cpa.texas.gov">up.holder@cpa.texas.gov</a> <b>Fax</b> 512-463-3569
<b>FOR COMPTROLLER'S USE ONLY:</b> We are authorized to release ____% of the total amount available to your county. We will send a \$_____ payment to the address provided above. By requesting funds, you have certified that they will be used in compliance with the provisions of Texas Local Government Code, Section 381.004.	
Comptroller's Representative _____	Date _____

This publication is intended as a general guide and not as a comprehensive resource on the subjects covered.

It is not a substitute for legal advice.

In compliance with the Americans with Disabilities Act, this document may be requested in alternative formats by calling **800-252-1382**, or by sending a fax to **512-475-0900**.