

OFFICE OF ACCOUNTING AND FINANCIAL SERVICES
Plano Independent School District
UNCLAIMED PROPERTY REQUEST



*** Denotes Required Field**

* Date: _____

* 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 PLANO INDEPENDENT SCHOOL DISTRICT
Attn: Angela Marks-Cosby
2700 W. 15th Street
Plano, TX 75075

In addition to claim form:

Current PISD employees must provide copy of security badge.

Individuals NOT PISD employees must provide a copy of current driver's license.

Business claimants must provide a business card in addition to a current driver's license.

OR

You may fax to: 469-752-8033, Attn: Angela Marks-Cosby

OR

Email: angela.markscosby@pisd.edu 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 receipt of request. You will be notified when your check is ready and will be required to provide current driver's license when picking up the check at the PISD Administration office at the above address. Questions: Contact Angela Marks-Cosby 469-752-8013