



**Rockwall Independent School District  
Finance Office  
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  
\_\_\_\_\_  
\_\_\_\_\_

You may mail completed form to:

**Rockwall Independent School District  
Attn: Director of Finance  
1050 Williams Street  
Rockwall, Texas 75087-2600**

**OR**

You may fax completed form to:

**Rockwall Independent School District  
Attn: Director of Finance  
972-772-2019**

***In addition to claim form:***

- Current RISD employees must provide a copy of security badge
- Individuals NOT RISD 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

*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**

---

**\*Printed Name**

---

**\*Date Signed**

Checks will be issued within 30 days of receipt of request.