

AP- 2

REPORT OF ABANDONED AND UNCLAIMED PROPERTY

Robert M. McCord
Treasurer



TREASURY USE ONLY

Receipt Number _____

Receipt Date _____

Amount _____

Number Shares _____

HOLDER NAME

EIN #

REPORTING YEAR

PROPERTY DESCRIPTION

ACCOUNT NUMBER

OWNER EIN NUMBER

OR

OWNER SOCIAL SECURITY NUMBER (Optional)

BUSINESS NAME/OWNER NAME
(FIRST NAME, MI, LAST NAME)

STREET ADDRESS

CITY STATE ZIP CODE

AMOUNT REPORTED AS DUE OWNER

NUMBER OF SHARES

ISSUE DATE

CHECK NUMBER

CERTIFICATE NUMBER

LAST ACTIVITY DATE

CUSIP NUMBER

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