

**ARIZONA FORM 650C Arizona Department of Revenue • Unclaimed Property Section
REPORT OF SAFE DEPOSIT BOX CONTENTS**

DATE STAMP

1

Entity Name (Holder)					
Federal ID Number			Report Confirmation Number (see no. 3 below)		
Holder Contact (for use by Unclaimed Property staff)			Transfer/Reporting Agent Contact (for use by Unclaimed Property staff)		
Name			Name		
Title			Title		
Direct Telephone Number			Direct Telephone Number		
E-mail Address			E-mail Address		
Mailing Address			Mailing Address		
City	State	ZIP code	City	State	ZIP code

2

Customer Contact (for use by owners of reported property)					
Name		<input type="checkbox"/> Same as Holder Contact	Telephone Number		E-mail Address
Mailing Address					
City		State		ZIP Code	

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Summary of Safe Deposit Box Contents Reported If you are remitting abandoned property, please use Arizona Form 650A If you are remitting securities, please use Arizona Form 650B	
Number of Safe Deposit Boxes Reported/Remitted	Previous Holder (If you are a successor to a previous holder of the property)

After submitting the report, contact the Unclaimed Property Vault Specialist to schedule delivery.
 Do not send safe deposit box contents without a report confirmation number from the Unclaimed Property Vault Specialist.
 Attach a copy of this report with the report confirmation number you received to the safe deposit box contents you remit.

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- 4a. I have attached a true and correct list (Schedule A) of individual owners and properties, in accordance with A.R.S. § 44-307(B). Reporting software is available for free download on our website www.azunclaimed.gov.
- 4b. I have reviewed and understand the State of Arizona payment protocols (see the Arizona Unclaimed Property Reporting Manual) The relationship codes reported for each property will allow accurate payment to the reported owners.
- 4c. Written notice has been sent to the owners of all properties being reported/remitted in accordance with A.R.S. § 44-307(E).

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I hereby certify that I have the authority to execute this report of Unclaimed Property on behalf of the above named holder. I declare under penalty of perjury that the foregoing information, the information set forth in the schedules, and all documentation I have or will provide is true and complete. Acting as the authorized representative of the entity named above, I agree to indemnify the State of Arizona and hold it harmless against any and all claims, judgments, decrees, costs, expenses (including reasonable attorney fees) or any other loss which either the State or owner might sustain in situations where the above described property is destroyed, damaged, lost, or stolen during the delivery of the property to the State of Arizona by a third party.

Print Name _____ Signature _____ Date _____

Mailing address: **Arizona Unclaimed Property Section • 1600 West Monroe Street, Phoenix, AZ 85007**

FOR DEPARTMENT USE ONLY		
Deposit No.	Receipt No.	Holder No.
Check No.	Check Amount	Report No.