

GUIDELINES FOR LOCAL GOVERNMENTS WHO FILE A CLAIM FOR AND/OR HAVE RECEIVED A REFUND OF UNCLAIMED PROPERTY

Property must be reported and remitted to Treasury 18 months prior to requesting the refund.
Please see TCA 66-29-101 et seq especially TCA 66-29-146(c).

1. For a local government to receive a refund complete the “**Resolution to Request Unclaimed Balance of Accounts Remitted to State Treasurer under Unclaimed Property Act**”. The local government must pass this resolution. Be sure to pass a new resolution and update it each year through December 31. This form is enclosed.
2. In order for a local government to receive a refund, they must complete the “**Remittances Filed By or On Behalf of Local Government and Its Agencies**”. This is a list of all the agencies under the local government making the claim, their holder identification number, Federal Tax ID number, the amount the agency turned over if available to the Division of Unclaimed Property, and the date of the remittance if available to the Division of Unclaimed Property. If you do not include the agency under the local government, we will NOT refund any money from that agency back to the local government. This form is enclosed.
3. **Deadline Item:** To receive a refund, submit the resolution and list of remittances by **June 1** to the Treasury Department Division of Unclaimed Property. Treasury will make the refund by June 30. The local government must resubmit a new claim the following year again by June 1. Resolutions received after June 1 will be processed the next June 1.
4. Send a cover letter on your letterhead with your resolution. Include a contact name, mailing address, email address, FEIN, and phone number. Mail resolution to UCP - Reporting, Unclaimed Property Division, P.O. Box 198649, Nashville, TN 37219-8649 or email to ucp.holders@tn.gov. The check will be sent to the local government.
5. Any refunded money shall be placed in the local government’s general fund; however, a sufficient cash reserve shall be maintained to insure prompt payment of claims.
6. The local government shall assume the responsibility of receiving claims against the refunded unclaimed property.

RESOLUTION TO REQUEST UNCLAIMED BALANCE
OF ACCOUNTS REMITTED TO STATE TREASURER
UNDER UNCLAIMED PROPERTY ACT

WHEREAS, Tennessee Code Annotated Section 66-29-146(c) provides that a municipality or county in Tennessee may request payment for the unclaimed balance of funds reported and remitted by or on behalf of the local government and its agencies if it exceeds \$100, less a proportionate share of the cost of administering the program; and

WHEREAS, _____ and/or its
Name of County or Municipality
agencies have remitted unclaimed accounts to the State Treasurer in accordance with the Uniform Unclaimed Property Act; and

WHEREAS; _____ agrees to
Name of County or Municipality
meet all of the requirements of Tennessee Code Annotated Section 66-29-101 et seq. and to accept liability for future claims against accounts represented in funds paid to it and

WHEREAS, it is agreed that this local government will retain a sufficient amount to insure prompt payment of allowed claims and that the balance of funds will be deposited in this local government's general fund;

THEREFORE, BE IT RESOLVED that the _____
Name of Governing Body
of _____ requests the State Treasurer
Name of County or Municipality
to pay the unclaimed balance of funds to it in accordance with the provisions of Tennessee Code Annotated Section 66-29-146(c). A list of remittances made by or on behalf of the local government and its agencies is attached.

I hereby certify that this is a true and exact copy of the foregoing resolution, which was approved and adopted at a meeting held on the _____ day of _____, 20____, original that is on file in this office. I further certify that the _____ consists of _____ members,
Name of Governing Body
and that _____ members voted in favor of the resolution.

(Signature)

Seal

(Title)

**REMITTANCES FILED BY OR ON BEHALF
OF LOCAL GOVERNMENT AND ITS AGENCIES**

Name of County/Municipality _____

Mailing Address _____

Name of Holder or Agency Submitting Report and Remittance	Holder Identification Number	Amount of Remittance (If Available)	Date of Remittance (If Available)	Federal employer tax ID #

I certify that any agencies included in this request are chartered under this local government.

Phone Number

(Signature)

Printed Name

(Title)

Date _____ 20____

This report and accompanying Resolution may be filed with the Unclaimed Property office of the State Treasury Department at any point between the actual remittance of unclaimed accounts and the June 1 eighteen months following.