

INSTRUCTIONS FOR SELLER RECLAMATION FORM

Use Form UP-SR, the Seller Reclamation Form, to reclaim excess funds from a motor vehicle sale previously delivered to the State. Funds are paid directly to the seller and seller claims are normally processed within thirty days of receipt.

SALE INFORMATION - This section of the form requests the sale information as detailed on the Vehicle Detail Report.

ITEM 1- Enter the owner name exactly as it appeared on the Vehicle Detail Report.

ITEM 2- If there were multiple owner names for the vehicle, enter that information.

ITEM 3- Enter the address(es) as detailed on the Vehicle Detail Report.

ITEM 4- Enter the VIN as detailed on the Vehicle Detail Report.

ITEM 5- Enter the sale date as detailed on the Vehicle Detail Report. (Please note excess funds from a motor vehicle sale may only be reclaimed by the seller 6 months after the sale, with no claim being authorized one year after the funds have been provided to the Unclaimed Property Program)

ITEM 6- Enter the account balance remitted to the state as detailed on the Vehicle Detail Report.

SELLER INFORMATION - The information in this section pertains to the seller claiming excess funds.

ITEM 7- Enter the tax identification number for the seller (company).

ITEM 8- Enter the name of the seller reclaiming the funds. It should be the same as the name listed on the Vehicle Detail Report.

ITEM 9- Enter the mailing address for the seller. The check will be mailed to this address.

ITEM 10- Enter the date the property was reported.

ITEM 11- Enter the name and telephone number of the person completing the form.

ITEM 12- Enter the total dollar amount of the report.

AFFIDAVIT AND INDEMNITY AGREEMENT - This should be signed by two employees. The CFO/ Financial Manager should sign in the area "Authorized Official." The person completing the form should sign in the area "Holder Representative" and provide an authorization letter to claim funds, and company photo ID.

Please note these signatures must be notarized.



SELLER RECLAMATION FORM MOTOR VEHICLE SALE

SALE INFORMATION		
1. OWNER NAME		
2. SECONDARY OWNER NAME (if applicable)		
3. REPORTED ADDRESS		
4. VIN #	5. SALE DATE	6. AMOUNT REMITTED
SELLER INFORMATION		
7. TAX ID#	8. HOLDER NAME	
9. ADDRESS		10. REPORT DATE
11. CONTACT PERSON		12. REPORT TOTAL
CONTACT PHONE NO.		
AFFIDAVIT AND INDEMNITY AGREEMENT		
<p>It is hereby certified that this claim is valid, just and due. Claim has not been previously paid to the holder. Request is hereby made to the Georgia Revenue Commissioner to return to the holder the above stated funds that previously were reported as excess funds from a motor vehicle sale. Upon return of this property to the holder, the Georgia Department of Revenue, Unclaimed Property Officers and Employees are indemnified and held harmless for any damages, claims or losses of any kind resulting from payment of this claim. The holder agrees to return the property to the Georgia Department of Revenue, Unclaimed Property Program if it is later determined that rightful ownership has been established by another party.</p>		
SIGNATURE OF AUTHORIZED OFFICIAL		SIGNATURE OF HOLDER REPRESENTATIVE
TITLE OF AUTHORIZED OFFICIAL		TYPED NAME OF HOLDER REPRESENTATIVE
Sworn to and subscribed before me, this _____ day of _____		
TYPED NAME OF NOTARY PUBLIC		
SIGNATURE OF NOTARY PUBLIC		