UNCLAIMED PROPERTY ORIGINAL OWNER CLAIM FORM A

Claimant's Name:			SSN:	
Claimant's Name:	(last)	(first)	(mi)	
Address:				
City:			_ State:	Zip:
() Day Time Phone, In				
Day Time Phone, In	nclude Area Co	ode		
result in our retui	rning the f is not rec	Form to you. Yourdaired, but m	You must be a ay be request	pletion of this Claim Form will t least 18 years old; your Social ed to help identify you as the EFOLLOWING:
(A). Copy of Clai	mant's Soci	ial Security Car	d;	
(B). Copy of Clar	imant's Dri	ver's License or	any official form	n of identification; and
(C). A listing of	all addresse	es associated wi	th the property	being claimed.
		CERTI	FICATION	
abandoned, is valiupon payment of texas, the City o	id and just this claim s f Brenhan	t. That all sta said Claimant n, and their (tements herein will indemnify Officers and E	claim for property, presumed n are true and correct, and that and hold harmless the State of Employees, from any damages, of the above described property.
Claimant Signature			Date	
there will be NO hand of the dollar amount	lling fee if yo of the claim. ayment is ma	our claim is not pa If a handling fea ade. Payment w	aid. The amount e is assessed, it w	nclaimed property claims; however, of the handling fee will not exceed 1% ill be deducted from your total claim in 90 days from receipt of a completed
		LEAVE THI	S AREA BLANI	K
Claimant:			Claim Ar	nt.:
Fee(s):			Net Amou	int:
Ву:				Ву
	City Secre	etary	_	Finance Director
Date:			1)	ate