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	`orm to you. `` quired, 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 FOLLOWING:
(A). Copy of Clai	imant'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	s associated wi	th the property l	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 hereir will indemnify Officers and E	claim for property, presumed a 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	claimed property claims; however, of the handling fee will not exceed 1% ill be deducted from your total claim n 90 days from receipt of a completed
		LEAVE THI	S AREA BLANK	
Claimant:			Claim An	nt.:
Fee(s):			Net Amou	nt:
Ву:				By
	City Secre	etary		Finance Director
Date:			D	ate