



Claimant must be 18 or older. Claimant is required to provide the city with sufficient documentation to establish claimant's right to receive unclaimed property.

- Submitting your social security number (SSN) is optional but may be the only available means of verifying your claim. To the extent permitted by law, your social security number will be kept confidential.

Claim Document Number: _____ Claim Document Amount: _____

Claimant Information	
Name: _____ (Last) (First) (Middle)	SSN or TID: _____
Current Address: _____ (to contact you or mail check)	
City: _____	State: _____ Zip Code: _____ Daytime Telephone: _____

As the claimant for a business, attach documents supporting your position with the business giving you authority to make a claim.

BUSINESS STATUS: Check applicable box below and attach documents requested.

____ A TEXASCORP, LIMITED LIABILITY COMPANY, OR PROFESSIONAL CORP: Attach a copy of last Franchise Tax Report filed. If out of state corporation, same as above including State of Incorporation.

____ A PROFESSIONAL ASSOCIATION or NON-PROFIT CORPORATION: Attach a copy of last Annual Statement filed with the Secretary of State, or a copy of the Articles of Incorporation.

____ A PRIVATE ORGANIZATION, GROUP, OR ASSOCIATION: Attach a document establishing your authority to act.

____ A SOLE OWNERSHIP OF BUSINESS: Attach a copy of Certificate to Operate Under Assumed Name filed with the County Clerk and enter: Owner's Name: _____ SSN: _____

____ A LIMITED OR GENERAL PARTNERSHIP: Attach a copy of Partnership Agreement, including names and social security numbers of two partners.

EXCEPTIONS, Business:

____ OUT OF BUSINESS (CLOSED): Attach a brief statement of closing, Articles of Dissolution or Corporate Liquidation Form filed with the Internal Revenue Service (IRS).

____ NAME CHANGED/ASSUMED/MERGED: Attach a copy of Change of Name Amendment or Assumed Name Certificate.

____ PURCHASED/SOLD: Attach a copy of Buy/Sell Agreement.

Please attach the following information:

1. Copy of your driver's license or other official form used for identification.
2. Proof of social security number (not required but may help verify ownership).
3. List of addresses associated with the property being claimed, including P.O. boxes.

Claimant Signature	
The named Claimant certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim Claimant will indemnify and hold harmless the City of McAllen, and its employees from any damages, claims, or losses of any kind resulting from the payment of the above property to the Claimant.	
Signature: _____	Date: _____

For Internal Use Only

Reviewed By: _____ Date: _____