

Unclaimed Property Fund
General Claim Form C



Mail to: Treasurer of City of Austin
Unclaimed Property Section
P.O. Box 2106
Austin, TX 78768-2106
Phone: (512) 974-1384 or (512) 974-7890

Name: _____
(Last name) (First name) (Middle Initial)

Co-owner Name (if any): _____
(Last name) (First name) (Middle Initial)

CURRENT ADDRESS: _____

City: _____ State: _____ Zip: _____ Day time phone number: (____) _____

Filing Status: check applicable box below, attach documents requested.

____ If you are an OFFICER OF THE ORGANIZATION, send current documents establishing your authority to act for the organization.

____ If you are a PARENT of the owner who is under age 18, attach a copy of the minor's birth certificate.

____ If you are a TRUSTEE or GUARDIAN to the owner, send copies of current documents establishing guardianship or trust.

____ If Owner is deceased, provide deceased Owner Name: _____.

Provide a copy of the death certificate AND applicable documentation listed below:

- If you are an HEIR to the owner, send a copy of the probated will OR court order OR affidavit of heirship listing heirs and current addresses.
- If you are an EXECUTOR or ADMINISTRATOR for the owner's estate, send Letters of Administration OR Testamentary dated within 90 days of filing the claim.

PLEASE NOTE: STATE LAW LIMITS THE FEES CHARGED BY ALL OUTSIDE SEARCH FIRMS OR PRIVATE INVESTIGATIONS THAT ASSIST.

ATTACH THE FOLLOWING INFORMATION

- (A). Copy of Claimant's Driver's License or any Official form used for identification.
- (B). List all addresses of the owner associated with property being claimed, including P.O. Boxes.
- (C). Applicable filing status document.

Failure to provide the COMPLETED CLAIM FORM, IDENTIFICATION, APPLICABLE FILING STATUS DOCUMENT and SIGNATURE will result in the form being returned to you.

CLAIMANT SIGNATURE

The name Claimant hereby 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, said Claimant will indemnify and hold harmless the State of Texas, the City of Austin, the City of Austin Treasurer, their Officers and Employees, from any damages, claims or losses of any kind resulting from the payment of the above described property to claimant. Claimant must be 18 or older to claim property.

CLAIMANT SIGNATURE: _____

DATE: _____

CO-OWNER (if any): _____

DATE: _____

A law passed by the Texas Legislature requires a small handling fee for certain claims. There will be NO FEE if your claim is not paid. The amount of the fee will not exceed 1% of the dollar value of the claims beginning at \$100. If a fee is assessed, it will be deducted from your claimed amount at the time of the payment. Payment should be received within 90 days from receipt of your completed form and proof of ownership.

FOR INTERNAL PURPOSES ONLY			
Name: _____	Year Reported: _____		
Claim Number: _____	Area Code: _____		
Property Claim Amount: _____	Property Code: _____		
By: _____ Date: _____	By: _____ Date: _____		
Treasury Accountant Associate	Treasurer		