UNCLAIMED MONEY FUND
ORIGINAL OWNER CLAIM FORM

Mail to: **City Of The Colony**
Finance Department
6800 Main Street * The Colony, TX 75056-1133
(972) 625-1756 - Office (972) 624-2298 - Fax

ATTACH THE FOLLOWING INFORMATION

(A) Proof of your Social Security number (copy of your Social Security card or W2 form).
(B) Copy of your Driver's License or any official form used for identification.
(C) List all addresses used that may be associated with property being claimed, including P.O. Boxes.

Failures to provide your *IDENTIFICATION, SIGNATURE, or COMPLETION OF THIS CLAIM FORM* will result in our returning it to you.
You must be 18 or older to claim property. Social Security Number is *NOT* required, but may help in identifying you as the property owner

NAME: _____ _____
(LAST) (FIRST) (MI) SOCIAL SECURITY NUMBER

CO-OWNER: _____ _____
(LAST) (FIRST) (MI) SOCIAL SECURITY NUMBER

ADDRESS: _____ _____

CITY: _____ **STATE:** _____ **ZIP:** _____

OWNER PROPERTY INFORMATION (Do *NOT* Change This Information)

Property No. : _____
Property ID: _____
Property Amount: _____
Owners Name: _____
Claim Amount: _____
Additional Owner Listed: _____
Company Name: _____ Year Reported: _____ Last Active Date: _____
Description: _____
Property Category: _____

PLEASE NOTE: STATE LAW LIMITS THE FEES CHARGED BY ALL OUTSIDE SEARCH FIRMS OR PRIVATE INVESTIGATORS WHO ASSIST YOU IN LOCATING UNCLAIMED PROPERTY TO NO MORE THAN 10% OF THE AMOUNT OF THE CLAIM.

CLAIMANT SIGNATURE

The 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 State Comptroller and its' officers and employees from any damages, claims or losses of any kind resulting from the payment of the above described property to Claimant.

_____ _____
CLAIMANT SIGNATURE DATE

_____ _____
CO-OWNER SIGNATURE 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 claims paid from $100 up to $5,000 or 1.5% of those claims n excess of $5,000. If a fee is assessed, it will be deducted from your claimed amount at the time of payment. Payment should be received within 90 days from receipt of your completed claim form and proof of ownership.

CLAIM NUMBER: *(For Internal Use Only)*

ISSUE: _____ Amount Claimed: _____

BY: _____ BY: _____
DATE DATE