



UNCLAIMED PROPERTY CLAIM FORM
Business Owners

Mail Completed Form to:
City of Converse
Finance Department
406 South Seguin Rd
Converse, TX. 78109

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

Claimant Information

Business Name: _____ SS or TIN: _____
Full Name: _____ Department: _____
Current Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone: _____

Business Status: Check below to indicate the current status of the business and attach the requested documentation, indicating your authority to act:

- ___ A Texas Corporation of Limited Liability Company: Attach a copy of last Franchise Tax report filed.
___ 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.
___ Sole Ownership of Business: Attach a copy of your Assumed Name Certificate filed with the County Clerk or a copy of your sales tax permit and enter: Owner's Name _____ SSN: _____
___ A Limited or General Partnership: Attach a copy of the partnership agreement including NAMES and SSN or Federal EIN of two partners.

EXCEPTION, IF BUSINESS:

- ___ OUT OF BUSINESS: Attach a brief statement of closing. Articles of Dissolution or Corporate Liquidation filed with the IRS
___ NAME CHANGE/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) Verification of address, if different than "Current" address listed above.

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 Converse, the Finance Director, 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 office use only
Date Received: _____ Date Issued: _____
Paid To: _____ Check Number: _____
Issued By: _____