

Unclaimed Property Fund  
Original Owner Claim Form A



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 (if any): \_\_\_\_\_  
(Last name) (First name) (Middle Initial)

CURRENT ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Day time phone number: (\_\_\_\_) \_\_\_\_\_

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.

Failure to provide the **COMPLETED CLAIM FORM, IDENTIFICATION 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.*

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