

Return To: City of Fort Worth

ATTN: Central AP 200 Texas St.

Ft. Worth, TX 76102

Email:

Accountspayable@fortworthtexas.gov

Phone: 817-392-2451

Unclaimed Property Claim Form

Failure to provide your IDENTIFICATION, SIGNATURE or COMPLETION OF THIS CLAIM FORM may delay or result in denial of the claim request.

You must be 18 years or older to claim property.

Individual or Business Nam	ie		
SSN or EIN		Email	
Address			
City	State	Zip	
Phone			
<u> </u>	ATTACH TH	E FOLLOWING IN	FORMATION
(A) Proof of your Social S ownership)	Security Number or	W-2 form (Not require	red but may assist in verifying
(B) Copy of your Driver's	•		
× /	•	iated with property be	ing claimed, including P.O. boxes
(D) Federal Tax ID Numb(E) Filing Status Document	10 11	ee Page 2)	
true and correct, and that upon pay Fort Worth, the City of Fort W	yment of this claim, sai orth Treasurer, their C	d Claimant will indemnify	ed is valid and just, that all statements herein are and hold harmless the State of Texas, the City of om any damages, claims or losses of any kind operty to claimant.
Claimant Signature			Date
Co-Owner Signature (if applied	cable)		Date
		ERNAL PURPOSES ONL	 Y
Reviewed By	A	pproved By	
Date	(Check #	



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FILING STATUS: (check applicable box below and attach additional documents requested)
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 (Documentation subject to Legal Review) 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.
A TEXAS CORP., LIMITED LIABILITY COMPANY, OR PROFESSIONAL CORP.: Attach a copy of last Franchise Tax report filed. (If out of state corp., same as above including State of Corporation.)
A PROFESSIONAL ASSOC., OR NON-PROFIT CORPORATION: Attach a copy of last Annual Statement filed with the Secretary of State or copy of Articles of Incorporation.
A PRIVATE ORGANIZATION, GROUP, OR ASSOCIATION: Attach a document establishing your authority to act on behalf of organization.
A SOLE OWNERSHIP OF BUSINESS: Attach a Copy of Certificate to Operate under Assumed Name filed with the County Clerk.
A LIMITED OR GENERAL PARTNERSHIP: Attach a copy of partnership agreement, including NAMES of two partners.
If Business is OUT OF BUSINESS (CLOSED): Attach a brief statement of Closing, Articles of Dissolution or Corporation Liquidation Form filed with the Internal Revenue Service (IRS).
If Business NAME HAS CHANGED/ASSUMED/MERGED: Attach a copy of change of Name Amendment or Assumed Name Certification.
If Business was PURCHASED/SOLD: Attach a copy of Buy/Sell Agreement.