

Unclaimed Money Fund  
Original Owner Claim Form (A)

Mail to: Treasurer of City of Austin  
Unclaimed Property Department  
P.O. Box 2106 Austin, TX 78768-2106  
(512) 974-7891 or 974-7885

**ATTACH THE FOLLOWING INFORMATION**

- (A). Proof of Claimant's Social Security Number.
- (B). Copy of Claimant's Driver's License or any Official form used for Identification.
- (C). List all addresses of the owner associated with property being claimed, including P.O. Boxes.

Claim form Mailed To:

Failure to provide your **IDENTIFICATION, SIGNATURE, or COMPLETION OF THE CLAIM FORM** will result in our returning the form to you. You must be 18 or older to claim property. SSN NOT required, but may help in identifying you as the property owner.

**Information From**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(last) (first) (mi)  
Co-owner: \_\_\_\_\_ SSN: \_\_\_\_\_  
(last) (first) (mi)  
Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Time Phone, Include Area Code  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **CO-OWNER:** \_\_\_\_\_ **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 payment. Payment should be received within 90 days from receipt of your completed form and proof of ownership.

**LEAVE THIS AREA BLANK**

Holder ID: _____		
Name: _____		
Year Reported: _____	Date Last Contacted: _____	Property Claim Amount: _____
Account or Cause#: _____		
Texas Property Code: _____	Check #: _____	Area Code: _____
Additional Owner Listed: _____	Property #: _____	
CLAIM NUMBER: _____		
Pay To: _____		Advertising & Postage \$ _____
By: _____	By: _____	Handling Fees \$ _____
Jeff Steadman	Art Alfaro - Treasurer	Net Amount to Pay: \$ _____
Date: _____	Date: _____	