

## How to Claim Your Property

- Look for your name or your business name on the City of Brenham's Unclaimed Funds report;
  - If the amount shown is greater than \$100 your claim MUST be submitted to the State of Texas Comptroller's Office. Go to [www.window.state.tx.us](http://www.window.state.tx.us) or call 800-321-2274 for information.
  
- If you would like to file a claim to retrieve the property, complete the appropriate claim form (see below) and return it, along with the required documentation, to:
  - By Mail: City of Brenham  
City Secretary  
P.O. Box 1059  
Brenham, Texas 77833-1059
  
  - In Person: City of Brenham  
City Secretary's Office  
200 W. Vulcan, Suite 206  
Brenham, Texas 77834
  
- Once your claim form is received and the information submitted verified for accuracy, a check will be mailed to you within 90 days. If questions and/or problems arise while processing your claim, the City Secretary will contact you either by phone or by U. S. Mail.
  
- If you have any questions related to the filing of your claim, you may contact the City Secretary at 979-337-7567.

### Which Claim Form To Use?

**Original Owner Claim Form A:** Use this form if your name is shown on the Unclaimed Funds report and you are the person claiming the property.

**Business Owner Claim Form B:** Use this form if you are the owner of a business listed on the Unclaimed Funds report or if you are an authorized representative of the business listed.

**General Claim Form C:** Use this form if you are an heir, trustee, executor, administrator, or parent of the person listed on the Unclaimed Funds Report. You must also use this form if you are an officer of an organization listed on the Report.

**UNCLAIMED PROPERTY  
ORIGINAL OWNER CLAIM FORM A**

Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(last) (first) (mi)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

( ) \_\_\_\_\_  
 Day Time Phone, Include Area Code

Failure to provide your identification, signature, or completion of this Claim Form will result in our returning the form to you. You must be at least 18 years old; your Social Security Number is not required, but may be requested to help identify you as the property owner. **PLEASE BE SURE AND ATTACH THE FOLLOWING:**

- (A). Copy of Claimant's Social Security Card;
- (B). Copy of Claimant's Driver's License or any official form of identification; and
- (C). A listing of all addresses associated with the property being claimed.

**CERTIFICATION**

I, the above named Claimant, hereby certify 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 Brenham, and their Officers and Employees, from any damages, claims or losses of any kind resulting from the payment of the above described property.

\_\_\_\_\_  
 Claimant Signature

\_\_\_\_\_  
 Date

*The Texas Legislature allows for a handling fee to be charged for unclaimed property claims; however, there will be NO handling fee if your claim is not paid. The amount of the handling fee will not exceed 1% of the dollar amount of the claim. If a handling fee is assessed, it will be deducted from your total claim amount at the time payment is made. Payment will be made within 90 days from receipt of a completed Claim Form and proof of ownership.*

**LEAVE THIS AREA BLANK**

Claimant: \_\_\_\_\_

Claim Amt.: \_\_\_\_\_

Fee(s): \_\_\_\_\_

Net Amount: \_\_\_\_\_

By: \_\_\_\_\_  
City Secretary

By: \_\_\_\_\_  
Finance Director

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**UNCLAIMED PROPERTY  
BUSINESS OWNER CLAIM FORM B**

Claimant's Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone (Including Area Code): (\_\_\_\_\_) \_\_\_\_\_

Please indicate your filing status below; please note that failure to provide the requested information will result in this Claim Form being returned to you:

- A TEXAS CORP, LIMITED LIABILITY COMPANY, OR PROFESSIONAL CORP.** Attach a copy of Articles of Incorporation and last Franchise Tax report filed.
- A PROFESSIONAL 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.
- A SOLE OWNERSHIP OF BUSINESS.** Attach a copy of the Certificate To Operate filed with the County Clerk and provide owner's name and social security number
- A LIMITED OR GENERAL PARTNERSHIP.** Attach a copy of partnership agreement including names and social security numbers of partners.

**EXCEPTIONS, IF BUSINESS:**

- OUT OF BUSINESS (CLOSED).** Attach a brief statement of Closing, Articles of Dissolution or Corporation Liquidation Form filed with IRS.
- NAME CHANGED/ASSUMED/MERGED.** Attach copy of change of Name Amendment or Assumed Name Certificate.
- PURCHASED/SOLD.** Attach a copy of Buy/Sell Agreement.

**CERTIFICATION**

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\_\_\_\_\_  
Agent/Owner Signature

\_\_\_\_\_  
Date

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**LEAVE THIS AREA BLANK**

Claimant: \_\_\_\_\_

Claim Amt.: \_\_\_\_\_

Fee(s): \_\_\_\_\_

Net Amount: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

City Secretary

Finance Director

## UNCLAIMED PROPERTY GENERAL CLAIM FORM C

Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone (Including Area Code): ( \_\_\_\_\_ ) \_\_\_\_\_

Please indicate your filing status below; please note that failure to provide the requested information will result in this Claim Form being returned to you:

- HEIR.** If you are an heir to the owner, send a copy of probated will, court order, OR affidavit of heirship listing heirs and current addresses, AND a copy of the death certificate of the owner. Also provide the Deceased Owner's information below.
- TRUSTEE OR GUARDIAN.** If you are a trustee or guardian to the owner, send copy of documents establishing guardianship of trust. Also provide the Deceased Owner's information below.
- EXECUTOR OR ADMINISTRATOR.** If you are an Executor or Administrator for the owner's estate, send a copy of the death certificate AND Letter of Administration OR Testamentary dated within 90 days of filing this claim. Also provide the Deceased Owner's information below.
- OFFICER OF THE ORGANIZATION.** If you are an Officer, send current documents establishing your authority to act for the Organization.
- PARENT.** If you are the Parent of the owner, who is under age 18, attach a copy of the minor's birth certificate and proof of social security number.

**DECEASED OWNER INFORMATION:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### CERTIFICATION

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\_\_\_\_\_  
Agent/Owner Signature

\_\_\_\_\_  
Date

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### LEAVE THIS AREA BLANK

Claimant: \_\_\_\_\_

Claim Amt.: \_\_\_\_\_

Fee(s): \_\_\_\_\_

Net Amount: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

City Secretary

Finance Director