

**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**

I 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.

\_\_\_\_\_  
Agent/Owner 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:	_____	By:	_____
	City Secretary		Finance Director
Date:	_____	Date:	_____