

**Office of the Finance Director
City of Stafford
Unclaimed Property Claim Form
For Business Owner**



Mail completed form to:

**Office of the Finance Director
Attention: Unclaimed Property
2610 S. Main St.
Stafford, Texas 77477**

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Claimant is required to provide the city with sufficient documentation to establish their right to receive unclaimed property.

As the claimant for a business, attach documents supporting your position with the company/business giving you the authority to make a claim.

Claimant Information

Business Name: _____ TPIN: _____

Name: _____ DEPT: _____
(last) (first) (middle)

Address: _____ Daytime Telephone: _____
To contact you or mail check

City _____ State _____ Zip Code _____

BUSINESS STATUS

Check below to indicate the current status of the business and attach the requested documents indicating your authority to act:

_____ A CORPORATION OR LIMITED LIABILITY COMPANY: Attach a copy of last public information report (PIR) filed with your franchise tax report.

_____ A PROFESSIONAL ASSOCIATION OR NON-PROFIT CORPORATION: Attach a copy of last Annual Statement filed with Secretary Of State, **OR** a copy of Articles Of Incorporation.

_____ A PRIVATE ORGANIZATION, GROUP, OR ASSOCIATION. Attach a document establishing your authority to act.

_____ SOLE OWNERSHIP OF BUSINESS. Attach a Copy of your Assumed Name Certificate or a copy of your sales tax permit and enter:

Owner's Name _____ SSN: _____

_____ A PARTNERSHIP: Attach a copy of partnership agreement including the NAMES and social security or FEI numbers of two partners.

-More on Back of page-

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EXCEPTIONS

Check If Applicable And Attach Copies Of Requested Documents

If business is:

___ **CLOSED:** Attach a brief statement of Closing, Articles of Dissolution or Corporate Liquidation Form filed with IRS.

___ **NAME CHANGED/ASSUMED/MERGED.**
Attach a copy of Change of Name Amendment or Assumed Name Certificate.

___ **PURCHASED/SOLD.** Attach a copy of the Buy/Sell Agreement.

Claimant Signature

The named Claimant 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 Claimant will indemnify and hold harmless the City of Stafford, the Finance Director, and its employees from any damages, claims, or losses of any kind resulting from the payment of the above property to the Claimant.

Signature _____ Date: _____

For Office Use only: Documentation Reviewed By _____

Payment of claim in the amount of: \$ _____ Approved By _____