

UNCLAIMED PROPERTY CLAIM FORM Information from Claimant

Name:				DL#:	
	(Last)	(First)	(Initial)		
-mail:				Phone#:	
ddress:					
ity:			State:	Zip Cod	de:
ttach tha fa	llowing proof of identity inform	nation:			
	llowing proof of identity inforn		falai aa liaaaa		(-t)
	st provide proof of new addre t all addresses of the owner a			-	•
	lividuals- Copy of Claimant tificate)	's Driver's License	or any Official for	m used for Identific	eation (State/Govt issued ID, bir
		n" on letterhead fror	m an official with th	e entity, authorizing	the below signed claimant to clai
If y	property on its behalf. ou are an HEIR to the owners and current addresses.	r, send a copy of de	eath certificate or p	robated will or court	order or affidavit of heirship listing
ou. You mu The named are true and	St be 18 or older to claim propositions that Claimant hereby certifies that correct, and that upon payor and employees from any	Clair at this claim for proment of this claim s	mant Signature perty presumed a said Claimant will i	in identifying you as bandoned is valid a ndemnify and hold h	ill result in our returning the form the property owner. Ind just, that all statements here the parmless the City of Ennis, Texa e payment of the above-described.
Claimant:				Date:	
Mail to:	City of Ennis, Texas Finance – Unclaimed P P.O. Box 220 Ennis, Texas 75119	roperty			
			NCE DEPARTMENT	ONLY	
oof of Identity	Verified: □ <i>DL/ID</i> □ <i>Birth Ce</i>	ertificate	□Others:		
endor #:	Acct#:				
/erified by			Date		
•	ved □ Rejected □ Reason for Rej	ection:	Dale		
, , , pp10					
Reviewed by			 Date		