Unclaimed Money Fund
Business Owner Claim Form (B)

Mail to: Treasurer of City of Plano
Finance Department
P.O. Box 860358 Plano, TX 75086-0358
(972) 971-7312 or 941-7333

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 Claimant

Name: _____ SSN or TID #_____
(last) (first) (mi)
Co-owner. _____ SSN or TID #_____
(last) (first) (mi)
Address: _____ (____)_____
Day Time Phone, Include Area Code
City:_____State: _____ Zip Code: _____

Your Filling Status Check one box(es) below, attach documents requested AND enter the applicable federal number below.
____ A TEXAS CORP, LIMITED LIABILITY COMPANY, OR PROFESSIONAL CORP. Attach a copy of last Franchise Tax report filed. (If Out of State corp., same as above including State of Corporation.)
____A PROFESSONAL ASSOC., OR ON 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 to act.
____A SOLE OWNERSHIP OF BUSINESS. Attach a Copy of Certificate To Operate Under Assumed Name filed with the County Clerk and enter:
Owner's Name: _____SSN: _____
____A LIMITED OR GENERAL PARTNERSHIP. Attach a copy of partnership agreement including NAMES and SSN of two partners. EXCEPTION, IF BUSINESS:
____OUT OF BUSINESS (CLOSED). Attach a brief statement of Closing. Articles of Dissolution or Corporation Liquidation Form filed with IRS.
____NAMED CHANGED/ASSUMED/MERGED. Attach copy of change of Name Amendment or Assumed Name Certificate.
____PURSHASED/SOLD. Attach a copy of Buy/Sell Agreement.

PLEASE NOTE: STATE LAW LIMITS THE FEES CHARGED BY ALL OUTSIDE SEARCH FIRMS OR PRIVATE INVESTIGATIONS THAT ASSIST YOU IN LOCATING UNCLAIMED PROPERTY TO NO MORE THAN 10% OF THE AMOUNT OF THE CLAIM.

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 Plano, the City of Plano 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 from 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: $_____
Myra Conklin - Treasurer Brianna Alvarado

Date: _____ Date: _____ Net Amount to Pay $_____