

Unclaimed Money Fund Original
Owner Claim Form (A)

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

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.

Name: _____ SSN: _____
(last) (first) (mi)

Co-owner: _____ SSN: _____
(last) (first) (mi)

Address: _____ (_____) _____
Day Time Phone, Include Area Code

City: _____ State: _____ Zip Code: _____

PLEASE NOTE: STATE LAW LIMITS THE FEES CHARGED BY ALL OUTSIDE SEARCH FIRMS OR PRIVATE INVESTIGATIONS THAT ASSIST.

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 SIGNATURE: _____ **DATE:** _____
CO-OWNER(if any): _____ 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 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: _____ Check # _____ Area Code: _____
Texas Property 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 \$ _____