



Mail completed form to:
 City of Sealy, Texas
 Attention: Director of Finance
 P. O. Box 517
 Sealy, Texas 77474-0517

Business Claim Form

A claimant is required to provide the city with sufficient documentation to establish his or her right to receive unclaimed property. As the claimant for a business, attach documents supporting your position with the organization giving you the authority to make a claim.

CLAIMANT INFORMATION			
Business Name/TIN:			Taxpayer Identification Number
Claimant's Name:	Last	First	Middle
Current Address:	Street, PO Box, etc. (Include building, suite, and apartment number information, if any.)		
	City	State	Zip Code
Contact Information:	Daytime Phone Number – Primary	Daytime Phone Number – Other	Email Address

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 the last public information report (PIR) filed with your franchise tax report.
- A PROFESSIONAL ASSOCIATION OR NON-PROFIT CORPORATION: Attach a copy of the last annual statement filed with the Secretary of State OR a copy of the Articles of Incorporation.
- 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 the partnership agreement including the NAMES and Social Security or Federal Employer Identification (FEI) Numbers of two partners.

EXCEPTIONS

Check (✓) if applicable and attach copies of the requested documents:

- IF BUSINESS IS CLOSED: Attach a brief statement of Closing, Articles of Dissolution or Corporate Liquidation Form filed with the IRS.

(Continued on next page)



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- IF BUSINESS NAME CHANGED OR HAS BEEN ASSUMED/MERGED: Attach a copy of Change of Name Amendment or Assumed Name Certificate.
- IF BUSINESS WAS PURCHASED/SOLD: Attach a copy of the Buy/Sell Agreement.

CLAIMANT CERTIFICATION AND SIGNATURE

The named 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 City of Sealy, its officers, and employees from any damages, claims, or losses of any kind resulting from the payment of the property to the Claimant.

Claimant's Signature: _____ Date: _____

For Internal Use Only

Date Received: _____

Claim Number: _____

Date Issued: _____

Check Number: _____

Amount: \$ _____