



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

Original Owner Claim Form

Claimant must be 18 years of age or older. Claimant is required to provide the city with sufficient documentation to establish Claimant's right to receive unclaimed property. Submitting your Social Security Number (SSN) is optional but may be the only available means of verifying your claim. To the extent permitted by law, your Social Security Number will be kept confidential.

CLAIMANT INFORMATION

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

IDENTIFYING INFORMATION

Driver's License:

Number Issuing State

Social Security No.:

Previous Address:

Street, PO Box, etc. (Include building, suite, and apartment number information, if any.)

City State Zip Code

ATTACHMENTS

Please attach the following information to validate proof of property ownership:

- (1) Copy of your Driver's License or other official form used for identification
- (2) Proof of your Social Security Number (copy of your Social Security card or an IRS Form W-2) *(not required but may help verify ownership)*
- (3) Proof of previous address, including any PO Box number, associated with the property being claimed, such as a copy of a utility bill, mortgage payment coupon, pay stub, deposit slip, cancelled check, etc.

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: \$ _____