## CITY OF CARROLLTON, TEXAS

## **UNCLAIMED PROPERTY CLAIM FORM**

## **Information from Claimant**

SSN:\_\_

(Last)	(First)	(Initial)	
Phone:		<b>DL</b> #	<b>#:</b>
Address:			
City:		_State:	Zip Code:
Attach the following info	ormation:		
(A) Proof of Claiman	nt's Social Security Nu	mber (copy of your So	ocial Security card or W2 form)
(B) Copy of Claiman	nt's Driver's License or	r any Official form use	ed for Identification
(C) List all addresses	s of the owner associate	ed with property being	g claimed, including P.O. Boxes
(D) If you are an HE	IR to the owner, send a	a copy of probated wil	l or court order or affidavit of heir
ship listing heirs	and current addresses	and a copy of death ce	ertificate of the owner.
	ing the form to you.	You must be 18 or o	PLETION OF THE CLAIM FORM slder to claim property. SSN is no
	Claim	ant Signature	
The name Claimant here that all statements herein	eby certifies that this of	claim for property pre	sumed abandoned is valid and just
*	mless the City of Car	rollton, Texas, and it	ent of this claim said Claimant will also of the above described property to

should be received within 90 days from receipt of your completed form and proof of ownership.

A law passed by the Texas Legislature allows the cost of publication and postage to be deducted from the amount(s) paid. (*Tex. Prop. Code §76.504*) There will be NO FEE if you claim is not paid. Payment

Mail to: City of Carrollton, Texas

**Attn: Finance Department – Accounting** 

P.O. Box 110535

Carrollton, Texas 75011-0535