This form may be returned to the following:
Email to: finance@rosenbergtx.gov
or
Mailed to:
City of Rosenberg
Finance Dept - Unclaimed Property
PO Box 32
Rosenberg, TX 77471

BUSINESS CLAIM FORM
Unclaimed Property Valued Under $100

CLAIMANT INFORMATION **(Claimant Must be 18 or older to claim property)**

1. Business Name: _____

2. Employer ID Number: _____

3. Type of Business Entity: ☐ Corporation ☐ Partnership ☐ Sole Proprietor

4. Name of Claimant: _____
First Middle Last

5. Current Address: _____
Street, P.O. Box, Etc.

_____
Building, Suite, Apartment Number

_____
City State Zip Code

6. Daytime Phone Number: _____ _____
(In case we need to contact you) Primary Other

IDENTIFYING INFORMATION **(This information is necessary to validate proof of ownership of the property and will remain confidential)**

7. Driver's License Number: _____ _____

8. Previous Address: _____
Street, P.O. Box, Etc.

_____
Building, Suite, Apartment Number

_____
City State Zip Code

ATTACHMENTS

The following documents must be sent with the completed Claim Form:
a) Proof of claimant's driver's license or any other official form of identification
b) Proof of claimant's employer identification number (EIN) or Tax Identification Number (TIN)
c) Proof of previous address (copy of utility bill, deposit slip, etc.)

CLAIMANT'S 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 Rosenberg, Texas, and its officers and employees for any damages, claims, or losses of any kind resulting from the payment of the above described property to the Claimant.

Claimant: _____ _____
Signature Date

Co-Owner: _____ _____
(If applicable) Signature Date