

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



ORIGINAL OWNER CLAIM FORM
Unclaimed Property Valued Under \$100

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

1. Name of Claimant: _____
First Middle Last
2. Current Address: _____
Street, P.O. Box, Etc.

Building, Suite, Apartment Number

City State Zip Code
3. Current Mailing Address: _____
(If different) Street, P.O. Box, Etc.

Building, Suite, Apartment Number

City State Zip Code
4. 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)

6. Diver's License Number: _____
Number Issuing State
7. Social Security Number: _____ (last 4 digits only)
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 social security number (last 4 digits only, not required but may help in identifying property ownership)
- 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