

**Unclaimed Money Fund
Business Owner Claim Form**

Mail to: Brazos County Treasurer
200 S. Texas Ave. Suite 240
Bryan, Texas 77803
(979) 361-4340 Fax (979) 361-4347

As the claimant for a business, attach documents supporting your position with the company/business giving you the authority to claim.

Failure to provide your IDENTIFICATION, SIGNATURE, or COMPLETION OF THIS CLAIM FORM will result in our returning it to you. You must be 18 or older to claim property. A Social Security Number is NOT required, but may help in identifying you as the property owner.

CLAIMANT INFORMATION

NAME: _____ SSN: _____
(LAST) (FIRST) (MI)
CO-OWNER: _____ SSN: _____

ADDRESS: _____ () _____
DAY TIME PHONE, INCLUDE AREA CODE

CITY: _____ STATE: _____ ZIP: _____

Business Status: Check box(es) applicable to the current status of Business and attach copies of the documents requested:

- A Texas Corp., Limited Liability Company, or Professional Corp. Attach a copy of last Franchise Tax Report filed.
- (If Out-Of-State Corp., same as above including State of Corporation.)
- A Professional Assoc. or Non-Profit Corporation. Attach a copy of last Annual Statement filed with Secretary Of State, or copy of Articles Of Incorporation
- A Private Organization, Group, or Association. Attach a document establishing your authority to act.
- Sole Ownership of Business: Attach a Copy of Certificate to Operate Under Assumed Name filed with the County Clerk, and enter:
Owner's Name: _____ SSN: _____
- Limited or General Partnership: Copy of partnership agreement including the NAMES and SSN of TWO partners

EXCEPTION, IF BUSINESS IS:

- Out of Business (CLOSED). Attach a brief statement of Closing, Articles of Dissolution or Corporate Liquidation Form filed with IRS.
- NAME CHANGED/ASSUMED/MERGED. Attach a copy of Change of Name Amendment or Assumed Name Certificate.
- PURCHASED/SOLD. Attach a copy of the Buy/Sell Agreement.

OWNER PROPERTY INFORMATION (Do NOT Change This Information) Property No: _____
Property ID: _____ Property Amount: _____
Owner Name: _____ Claim Amount: _____
Year Reported: _____ Last Active Date: _____ Reporting company: _____
Description: _____
Property Category: _____
Additional Owner Listed: _____

PLEASE NOTE: STATE LAW LIMITS THE FEES CHARGED BY ALL OUTSIDE SEARCH FIRMS OR PRIVATE INVESTIGATORS WHO ASSIST YOU IN LOCATING UNCLAIMED PROPERTY TO NO MORE THAN 10% OF THE AMOUNT OF THE CLAIM.

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 Brazos County, Texas, the County Treasurer and its' officers and employees from any damages claims or losses of any kind resulting from the payment of the above described property to Claimant.

CLAIMANT _____ DATE _____ CO-OWNER _____ DATE _____

A law passed by the Texas Legislature states that a small handling fee could be collected against your claim.

CLAIM NUMBER: _____ (For Internal Use Only) Amount Claimed _____

ISSUE: _____

By: _____

By: _____

Date: _____

Date: _____