Office of the City Controller
City of Houston
Unclaimed Property Claim Form
For Business Owner

Mail completed form to:
Office of the City Controller
ATTN: Unclaimed Funds
901 Bagby
P.O. Box 1562
Houston Texas 77251-1562

Page 1 of 2

Claimant is required to provide the city with sufficient documentation to establish their right to receive unclaimed property.

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

Claimant Information

			inoi mation
Business Name:			TPIN:
Name:			DEPT:
(last)	(first)	(middle)	
			Daytime
Address:			Telephone:
			To contact you or mail check
City	Stat	te	_Zip Code
public information rep A PROFESSIO	ort (PIR) filed w	rith your france ATION OR N	LITY COMPANY: Attach a copy of last chise tax report. NON-PROFIT CORPORATION: Attach a Of State, OR a copy of Articles Of
A PRIVATE (establishing your author)		N, GROUP,	OR ASSOCIATION. Attach a document
SOLE OWNE Certificate or a copy			ach a Copy of your Assumed Name ad enter:
Owner's Name			SSN:
A PARTNERS social security or FEI r			rship agreement including the NAMES and

-More on Back of page-

City of Houston Controller's Office Unclaimed Property Claim Form For Business Owner

Page 2 of 2

EXCEPTIONS Check If Applicable And Attach Copies Of Requested Documents			
If business is:			
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.			
Claimant Signature The named Claimant 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 Claimant will indemnify and hold harmless the City of Houston, the Controller, and its employees from any damages, claims, or losses of any kind resulting from the payment of the above property to the Claimant.			
Signature Date:			
For Office Use only: Documentation Reviewed By			
Payment of claim in the amount of: \$Approved By			