

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



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

Claimant must be 18 or older. Claimant is required to provide the city with sufficient documentation to establish claimant's right to receive unclaimed property. Submitting your Social Security Number (SSN) is optional but may be the only available means of verifying your claim. To the extent permitted by law, your Social Security number will be kept confidential.

Claimant Information

Name: _____ SSN: _____
(last) (first) (middle)
Current
Address: _____ (to contact you or mail check)
City _____ State _____ Zip Code _____ Daytime
Telephone: _____

Please attach the following Information:

- (1) Copy of your Driver's License or other official form used for identification.
- (2) Proof of Social Security Number (not required but may help verify ownership).

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 _____