

**UNCLAIMED MONEY FUND  
BUSINESS OWNER CLAIM FORM**

Mail to: City of Copperas Cove  
Finance Department  
P.O. Drawer 1449  
Copperas Cove, TX 76522  
(254)547-4221

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

**CLAIMANT INFORMATION**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(LAST) (FIRST) (MI)

CO-OWNER: \_\_\_\_\_ SSN: \_\_\_\_\_  
(LAST) (FIRST) (MI)

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 TEXASCORP., 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: \_\_\_\_\_
- A 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/Holder ID: \_\_\_\_\_ Property Amount: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Year Reported \_\_\_\_\_ Date Last Contacted: \_\_\_\_\_

Account or Cause# \_\_\_\_\_

Texas Property Code \_\_\_\_\_ Check # \_\_\_\_\_

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.**

**CLAIMANT SIGNATURE**

*The named Claimant hereby certifies that this claim of 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 State of Texas, the City of Copperas Cove 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 requires a small handling fee for certain claims. There will be NO FEE if your claim is not paid. The amount of the fee will not exceed 1% of the dollar value of claims paid from \$100. If a fee is assessed, it will be deducted from our claimed amount at the time of payment. Payment should be received within 90 days from receipt of your completed claim form and proof of ownership.

**CLAIM NUMBER:** \_\_\_\_\_ **(For Internal Use Only)**

**ISSUE:** \_\_\_\_\_ **Amount Claimed**  
 \$ \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_