

**UNCLAIMED MONEY FUND
GENERAL CLAIM FORM**

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

ATTACH THE FOLLOWING INFORMATION

- (A) Proof of your Social Security number (copy of your social security card or W2 form).
- (B) Copy of your Driver's License or any official form used for identification.
- (C) List all addresses used that may be associated with property being claimed, including P.O. boxes.

Failure to provide your IDENTIFICATION, SIGNATURE, or COMPLETION OF THIS CLAIM FORM will result in our returning the form to you. You must be 18 or older to claim property. 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: _____
	(LAST)	(FIRST)	(MI)
ADDRESS:	() DAY TIME PHONE, INCLUDE AREA CODE		
CITY: _____	STATE: _____	ZIP: _____	

YOUR FILING STATUS Check one box below, attach documents requested AND enter the applicable federal number below:

_____ If you are an HEIR to the owner send a copy of probated will OR court order Or affidavit of heirship listing heirs and current addresses AND a Copy of the death certificate of the owner. Deceased owner's (See Below)

_____ If you are a TRUSTEE or GUARDIAN to the owner send copies of current documents establishing guardianship or trust.

_____ If you are an EXECUTOR or ADMINISTRATOR for the owner's estate send a copy of the death certificate AND Letters of Administration OR Testamentary dated within 90 days of filing claim. Deceased owner's (See Below)

_____ If you are an OFFICER OF THE ORGANIZATION send current documents establishing your authority to act for the organization.

_____ If you are a PARENT of the owner who is under age 18, attach a copy of the minor's birth certificate and proof of SSN.

FILL IN FEDERAL NUMBER THAT APPLY

Deceased SSN: _____ Estate/Trust/Company TPID: _____

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			
<i>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.</i>			
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)		Amount Claimed
ISSUE: _____		\$ _____
By: _____	By: _____	
Date: _____	Date: _____	

