

**UNCLAIMED MONEY FUND
ORIGINAL OWNER 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:	

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)	Amount Claimed
ISSUE: _____		\$ _____
By: _____	By: _____	
Date: _____	Date _____	