



Fort Bend County Treasurer Phone: (281) 341-3750 Fax: (832) 471-1822 Email: treasurersoffice@fbctx.gov www.fbctx.gov/unclaimedfunds

UNCLAIMED FUNDS CLAIM FORM

To file a claim, complete this form and return it with the required documentation to our office. Approved claims will be mailed.

CLAIMANT INFORMATION

^{1.} Name of Claimant	Last or Business	First	Middle
^{2.} Current Address	Street	City	State, Zip
^{3.} Daytime Phone #	Home/Cell	Work	Other
^{4.} Identification	Drivers License # & State	Social Security or Tax ID #	Cause, Check or Warrant # if applicable

5. What is your relationship to this claimant?

I am the reported property owner or have the owner's Power of Attorney.

I am the executor/administrator of the reported property owner's estate.

I am the trustee of the reported property owner.

I am a parent/legal custodian claiming for a minor child.

I am the guardian of a minor child or incapaciated person.

⁶ THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THIS FORM:

* Clear copy of current driver's license or clear copy of other legal photo identification.

* Proof of Social Security Number or FEIN.

* You must provide verification of the reported address if different than the current address.

* Legal documentation that you are the Power of Attorney, legal heir or legal custodian of a minor claimant.

* You will be required to provide a death certificate and probated will or other heirship documents if the original owner is deceased.

* If there is not sufficient proof of ownership, we will contact you for further documentation.

The named Claimant hereby 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 said Claimant will indemnify and hold harmless Fort Bend County, the Treasurer and its employees from any damages, claims, or losses of any kind resulting from the payment of the property to the Claimant.

CLAIMANT SIGNATURE

Please deliver your documents in person, by email or mail to:

Bill Rickert Fort Bend County Treasurer 301 Jackson, Suite 514 Richmond, Texas 77469

treasurersoffice@fbctx.gov

TREASURER'S OFFICE USE ONLY:

DATE CLAIM REQUEST RECEIVED:

CLAIM APPROVED BY:

DATE OF APPLICATION