

**Unclaimed Property Claim Form  
For Business Owner**

Mail Completed Form to:  
**City of Harlingen  
Finance Department  
Attn: Nanette Fox  
P.O. Box 2207  
Harlingen, TX 78551**

Claimant is required to provide the city with sufficient documentation to establish Claimant's right to receive unclaimed property.

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

**Claimant Information**

Business Name: \_\_\_\_\_ TPIN: \_\_\_\_\_

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Business Status: Check below to indicate the current status of the business and attach the requested documentation, indicating your authority to act:**

\_\_\_\_\_ A Corporation of Limited Liability Company: Attach a copy of last public information report (PIR) filed with your franchise tax report.

\_\_\_\_\_ A Professional Association or Non-Profit Corporation: Attach a copy of last annual statement filed with the Secretary of State OR a copy of the 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 your Assumed Name Certificate or a copy of your sales tax permits and enter:

Owner's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ A Partnership: Attach a copy of the partnership agreement including the name and social security or FEI numbers of two partners. Submitting your social security number ("SSN") is optional but may be the only means of verifying your claim. To the extent permitted by law, your social security number will be kept confidential.

**Page 2: Unclaimed Property Claim Form for Business Owner**

**Exceptions: Check if applicable and attach Copies of Requested Documents**

If Business is:

\_\_\_\_\_ Closed: Attach a copy of the Articles of Dissolution (including Attachment A) or Corporation Liquidation form file with IRS.

\_\_\_\_\_ Name Changed/Assumed/Merged: Attach a copy of the Change of Name Amendment or Assumed Name Certificate.

\_\_\_\_\_ Purchased/Sold: Attach a copy of the Buy/Sell Agreement.

**Claimant Certification and 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 Harlingen, the Director of Finance, 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 Internal Use Only

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

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

Issue to: \_\_\_\_\_

New Check Number: \_\_\_\_\_

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