

Unclaimed Money Fund Business Owner Claim Form

Mail to: Bandera County Auditor's Office

Unclaimed Property PO
Box 436 Bandera, TX 78003

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

CLAIMANT INFORMATION (please print)

Bus. Name: _____ TPIN: _____

Claimant _____ Dept: _____
(Last) (First) (MI)

Address _____ (_____) _____
Day Time Phone including 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 Texas Corp., 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.
- ☐ **Purchase/Sold.** Attach a copy of the Buy/Sell Agreement.

OWNER PROPERTY INFORMATION A separate Claim Form is required for each claim.

Property ID	
Owner Name	
Reporting company	
Year reported	
Description	
Claim Amount	

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.

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 Bandera County 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'S SIGNATURE _____ DATE _____

Title/Position held with Business _____

If you have any questions regarding Unclaimed Property, you may call (830) 796-4573.

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552 Government Code. To request information for review or to request error correction, contact us at the address or phone number listed on this form.