



## City of Duncanville Unclaimed Property Claim Form for Business Owner

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

Property: \_\_\_\_\_

Business Name: \_\_\_\_\_ TIN: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

- A Corporation or 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:

Owners Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

- A Partnership: Attach a copy of the partnership agreement including names and social security number or FEIN of partners.

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 Corporate Liquidation form filed with the 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 Duncanville, 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: \_\_\_\_\_

**Mail completed form and attachments to:**

City of Duncanville  
Attn.: Finance Department  
PO BOX 380280  
Duncanville, TX 75138-0280