

Finance Department
City of Waco Finance Office
**Unclaimed Property Claim Form
For Original Owner**

Mail Completed Form to:
**City of Waco Finance Office
Attention: Julio Rodriguez
P.O. Box 2570
Waco, TX 76702-2570**

Claimants must be 18 or older. Claimant is required to provide the city with sufficient documentation to establish Claimant's right to receive unclaimed property. 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.

Claimant Information

Name: _____ SSN: _____

Current Address: _____

City: _____ State _____ Zip Code: _____

Daytime Phone: _____ E-mail Address: _____

Please attach the following Information:

1. Copy of your Driver's License or other official form used for identification
2. Proof of Social Security No. (not required, but my help verify ownership).

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 Waco, 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: _____