

**City of Beeville
Finance Department
Unclaimed Property Claim Form
For Business Owner**



**Mail completed form to:
City of Beeville
Finance Department
400 N. Washington St.
Beeville, TX 78102**

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 the authority to make a claim.

Claimant Information

Business Name: _____

Name: _____ DEPT: _____
(Last) (First) (Middle)

Address: _____ Daytime Telephone: _____

City: _____ State: _____ Zip Code: _____

BUSINESS STATUS

Check Below to indicate the current status of the business and attach the requested documents 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 Secretary of State, OR a 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.

_____ PARTNERSHIP: Attach a copy of partnership agreement, including names of two partners.

_____ If business is OUT OF BUSINESS (CLOSED): Attach a brief statement of closing, Articles of Dissolution or Corporation Liquidation Form filed with the Internal Revenue Service (IRS).

_____ If business NAME HAS CHANGED/ASSUMED/MERGED: Attach a copy of Name Amendment or Assumed Name Certification.

_____ If business was PURCHASED/SOLD: Attach a copy of Buy/Sell Agreement.

Claimant 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 State of Texas, the City of Beeville, and their officers and employees, from any damages, claims, or losses of any kind resulting from the payment of the above property to Claimant.

Signature: _____ Date: _____

For Office Use Only: Documentation Reviewed By: _____

Payment of claim in the amount of: \$_____ Approved By: _____