

Instructions:

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. You must be 18 or older to claim property.

Failure to provide your **identification, signature or completion of this claim form** could result in the return of the form to you.

Claimant Information	
Name: _____	Drivers License #: _____
Address: _____ _____	Social Security #: _____
	Date of Birth: _____
Home Phone: _____	Claim Type: <input type="checkbox"/> Utility Collections
	<input type="checkbox"/> Municipal Court
Work Phone: _____	<input type="checkbox"/> Other
Email Address: _____	Claim Amount: _____
Please attach the following:	
1. Copy of Driver's License or other government issued photo identification.	
2. Proof of Social Security Number (not required, but might 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 Killeen 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.	
Signature: _____	Date: _____

FOR FINANCE DEPARTMENT USE ONLY		
Approved _____	Disapproved _____	Original Check #: _____
Reason for Disapproval: _____		New Check #: _____
_____		Amount: _____
Reviewed by: _____		Date: _____
Approved by: _____		Date: _____