



**Mail completed from to:**  
  
**City of Shenandoah**  
**Attn: Unclaimed Property**  
**29955 IH 45**  
**Shenandoah, TX 77381-1199**

### **Unclaimed Property Claim Form For Original Owner**

Claimant 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 available 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: _____	Telephone No.: _____

Please attach the following information:

- (1) A copy of your Driver's License or other official form used for identification.
- (2) Proof of Social Security Number (not required but may help verify ownership).

#### **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 City of Shenandoah 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 \_\_\_\_\_