

City of Kingsville  
Unclaimed Property Claim Form  
For **Business Owner**



Mail Completed form to:  
City of Kingsville  
Attn: Finance Department  
P.O. Box 1458  
Kingsville, TX 78364

Claimant is required to provide the city with sufficient documentation to establish their right to receive unclaimed property.

**As the claimant for the business, attach documents supporting your position with the company/business giving you the authority to make the claim.**

**Claimant Information**

Business Name: \_\_\_\_\_ TPIN: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(last) (first) (middle)

Address: \_\_\_\_\_ (to contact you or mail check)  
Daytime

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

**BUSINESS STATUS**

**Check below to indicate the current status of the business and attach the requested documents indicating your authority to act:**

\_\_\_\_\_ A CORPORATION OF LIMITED LIABILITY COMPANY: Attach a copy of the last public information report (PIR) filed with your franchise tax report.

\_\_\_\_\_ A PROFESSIONAL ASSOCIATION OR NON-PROFIT CORPORATION:  
Attach a copy of the 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.

\_\_\_\_\_ A SOLE OWNERSHIP OF BUSINESS: Attach a copy of your Assumed Name Certificate or a copy of your sales tax permit and enter:

Owner's Name \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ A PARTNERSHIP: Attach a copy of partnership agreement including the NAMES and social security or FEI numbers of two partners.

**EXCEPTIONS**

**Check if applicable and attach copies of requested documents.**

If business is:

\_\_\_\_\_ CLOSED: Attach a brief statement of Closing, Articles of Dissolution or Corporate Liquidation Form filed with IRS.

\_\_\_\_\_ NAME CHANGED/ASSUMED/MERGED: Attach a copy of Change of Name Amendment or Assumed Name Certificate.

\_\_\_\_\_ PURCHASED/SOLD: Attach a copy of the 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 City of Kingsville, 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 \_\_\_\_\_

For Office Use Only:

Documentation Reviewed By: \_\_\_\_\_

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