



Mail completed form:
City of Longview
Attn: Finance Division-
Unclaimed Property
P.O. Box 1952
Longview, TX 75606

Unclaimed Property Claim Form for Business Owner

Claimant must be 18 years old or older. Claimant is required to provide sufficient documentation to establish claimant's right to receive unclaimed property. As the claimant for a business, please attach documents supporting your position with the company or business giving you authority to make a claim.

CLAIMANT INFORMATION

Business Name:	TID:
Contact Person Name and Position:	
Current Mailing Address:	
City, State, Zip Code:	Daytime Phone Number:
Claim Amount: \$	

Please check applicable status and attach the requested documents:

_____ **Corporation or Limited Liability Company:** Attach a copy of last public information report (PIR) filed with your franchise tax report

_____ **Professional association or non-profit corporation:** Attach a copy of last Annual Statement filed the Secretary of State or copy of Articles of Incorporation

_____ **Private organization, group, or association:** Attach a document establishing your authority to act.

_____ **Sole ownership or business:** Attach a copy of your Assumed Name Certificate or a copy of a copy of your sales tax permit and please provide:

Owner's Name: _____ SSN: _____

_____ **Partnership:** Attach a copy of partnership agreement including the names and SSN or FEI numbers of two partners.

EXCEPTIONS:

_____ **Out of Business or 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 Buy/Sell Agreement

**Payment will be mailed to the above-submitted address. Please allow 6-8 weeks for processing from receipt of completed form and proof of 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 Longview and its employees from any damages, claims, or losses of any kind resulting from the payment of the above property to the Claimant.

Claimant Signature: _____

Date: _____

For Internal Use Only

Date Form Received:	Claim Type:	Claim Amount:
Documentation reviewed by:		Approved by: