



**UNCLAIMED PROPERTY CLAIM FORM**  
**Business Owners**

Mail Completed Form to:  
**City of South Padre Island**  
**Finance Department**  
**4601 Padre Blvd.**  
**South Padre Island, TX. 78597**

Claimants 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 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.

**Claimant Information**

Business Name: \_\_\_\_\_ SS or TIN: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_

**Business Status: Check below to indicate the current status of the business and attach the requested documentation, indicating your authority to act:**

- \_\_\_\_ *A Texas Corporation of Limited Liability Company:* Attach a copy of last Franchise Tax report filed.  
\_\_\_\_ *A Professional Association or Non-Profit Corporation:* Attach a copy of 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.  
\_\_\_\_ *Sole Ownership of Business:* Attach a copy of your Assumed Name Certificate filed with the County Clerk or a copy of your sales tax permit and enter: Owner's Name \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_ *A Limited or General Partnership:* Attach a copy of the partnership agreement including NAMES and SSN or Federal EIN of two partners.

**EXCEPTION, IF BUSINESS:**

- \_\_\_\_ *OUT OF BUSINESS:* Attach a brief statement of closing. Articles of Dissolution or Corporate Liquidation filed with the IRS  
\_\_\_\_ *NAME CHANGE/ASSUMED/MERGED* Attach a copy of Change of Name Amendment or Assumed Name Certificate  
\_\_\_\_ *PURCHASED/SOLD* Attach a copy of Buy/Sell Agreement

**Please attach the following information:**

- (1) 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).
- (3) Verification of address, if different than "Current" address listed above.

**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 South Padre Island, the Finance Director, 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**

**Date Received:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Paid To:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Issued By:** \_\_\_\_\_