

Office of the City Finance
Director
City of Paris
Unclaimed Property Form
Business Owner Claim Form



Mail completed form to:
City of Paris
Attn: Finance Dept.
P.O. Box 9037
Paris, TX 75461

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 or TID: _____
(last) (first) (middle)

Current Address: _____ (to contact you or mail check)

City _____ State _____ Zip Code _____ Daytime Telephone: _____

Email: _____

Your Filing Status: Check box below, attach documents requested AND enter the applicable federal number:

☐ A TEXASCORP, LIMITED LIABILITY COMPANY, OR PROFESSIONAL CORP. Attach a copy of last Franchise Tax report filed. (If Out of State Corporations, same as above including State of Incorporation)

☐ A PROFESSIONAL ASSOCIATION or NON-PROFIT CORPORATION. Attach a copy of last Annual Statement filed with the Secretary of State, of a copy of the Articles of Incorporation.

☐ A PRIVATE ORGANIZATION, GROUP, OR ASSOCIATION. A document establishing your authority to act.

☐ A SOLE OWNERSHIP OF BUSINESS. Attach a copy of Certificate to Operate Under Assumed Name filed with the County Clerk and Enter: Owner's Name: _____ SSN: _____

☐ A LIMITED OR GENERAL PARTNERSHIP. Attach a copy of Partnership Agreement including two NAMES and SSN 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 CHANGED/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 Dallas, the Controller, 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: _____