



Office of the City Finance
Director
City of Paris
Unclaimed Property Form
For Original Owner

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: _____
(last) (first) (middle)

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

City _____ State _____ Zip Code _____ Daytime Telephone: _____

Claim Amount: _____ Email: _____

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: _____